

# An Integrated Communications Strategy: Amplifying the Voice of PrairieCare Mental Health Services

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**Jen Holper, LSW, MA Candidate**

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*Abstract: An examination of the communication theories of: Agenda Setting, Extended Parallel Process Model, and Cognitive Dissonance inform the original research aimed at improving communication strategies about mental health services. Research consists of surveying mental health professionals as well as parents of school aged children, interviews with parents, and content analysis of the digital footprint of mental health services with comparable services. This paper concludes with recommendations to amplify the communications of one mental health treatment facility.*

# Amplifying the Voice of PrairieCare Mental Health Services

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**About the Author:**

Jen Holper's background is in Social Work. For seven years Jen provided in home case management and life skills services for youth and their families living with mental illness. Jen moved on to provide social work services at PrairieCare completing psychosocial assessments, writing treatment plans, teaching psycho/educational groups, and providing case management and discharge planning services for youth and their families. On a daily basis Jen witnessed individuals and families struggling to live and function with mental illness. In the community, however, Jen continued to encounter people who questioned if treatment was helpful, if mental illness was a "real" thing or just an excuse to get out of responsibilities. At this point in Jen's career she decided that a macro approach to helping those with mental illness was called for, and she joined the Community Relations team at PrairieCare.

In Community Relations her role is two-fold. First is to support and further the mission, vision, and values of PrairieCare through marketing and communications with stakeholders. Second is to bring about awareness of mental health, illness, and treatment options. Jen also serves on collaborative boards and steering committees that work towards improving access to mental health services and educating the community about wellness.

It is through this work that Jen became interested in learning more about branding, marketing, messaging, and targeting. This interest led Jen to the Professional M.A. in Strategic Communications program at the University of Minnesota. Jen's personal and professional experience with mental illness and treatment as well as the newly acquired knowledge about messaging, branding and targeting has led to the topic for this capstone paper. Jen will explore how to target and message mental health services to a stigmatized population through the use of awareness campaigns and education about treatment efficacy.

## Introduction:

Access to health care is changing. Consumers are now expected to be informed about health care offerings and options. They are encouraged to seek out doctors and specialists that they feel will meet their needs. Advertising of the stroke unit, cardiac care, bariatric surgery, cancer treatments, or orthopedic specialties is now common place. However advertising about mental health care is absent from the mix. Consumers are expected to make decisions about their healthcare in ways that were never expected before, but are given limited access to information about the continuum of care or access points for mental health care. Parents with concerns for their child's mental and emotional development are left seeking the opinions of other professionals in their lives, school staff, and pediatricians. These professionals often have a limited amount of information, and a limited amount of time to help with concerns outside of the scope of their work.

PrairieCare is a newer provider of mental health treatment in the Twin Cities. Originally opening operations in the metro area in 2005 as an affiliate of Prairie St. John's, a Fargo based mental health provider, PrairieCare became its own legal entity in 2009. PrairieCare continues to grow to meet the demand for acute mental health care in the Twin Cities market (as seen in Figure 1).

PrairieCare now offers a full continuum of mental health care from outpatient mental health therapy and medication management to inpatient hospitalization for children and adolescents. With locations in Chaska, Edina, Maple Grove, Woodbury and opening in

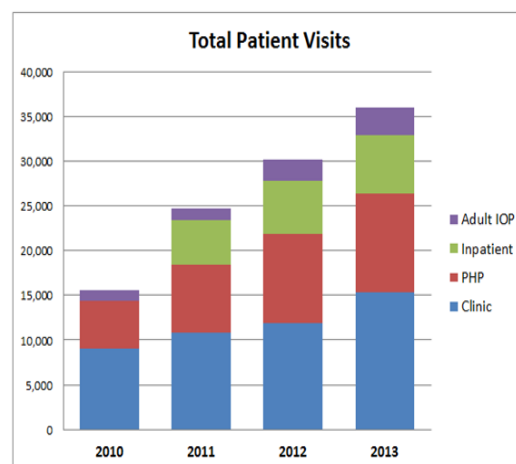


Figure 1

## Amplifying the Voice of PrairieCare Mental Health Services

Rochester in June of 2014, PrairieCare is currently operating at nearly 100% capacity for child and adolescent programming. Outpatient clinicians are not accepting new patients, intakes are scheduled out weeks in advance for Partial Hospitalization Programming, and people are being referred to other facilities for care, and on a daily basis throughout the school year patients are turned away from the inpatient unit due to lack of capacity.

PrairieCare employs over 240 people led by a CEO, and a clinical leadership team consisting of a Chief Medical Officer, Chief Nursing Officer, and Chief Psychotherapy Officer. Clinical staff is contracted to work at PrairieCare through PrairieCare Medical Group, LLC. PrairieCare employs the administrative and operations functions of billing, utilization review, human resources, community relations, and finance while outsourcing its call center function to Customer Elation based out of Hutchinson, Minnesota.

All programming at PrairieCare works to fulfill the mission of “Providing each individual patient the psychiatric care they truly need.” The vision of, “transforming psychiatric care” drives strategic decisions regarding best practices and expansions. Staff provides mental health treatment through outpatient clinics (Chaska, Edina, Woodbury, Rochester), Intensive Outpatient Programs (Edina, Maple Grove, Woodbury, Rochester), Partial Hospitalization Programs (Chaska, Edina, Maple Grove), and Inpatient Hospitalization Program (Maple Grove). The values of respect, ethical care, attentive collaboration, and living these values with each other are taught to staff during new employee orientation and are a theme throughout staff communications and meetings.

Since entering the market PrairieCare has engaged in business to business marketing among mental health professionals, medical doctors, and educators to generate awareness of our services

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and to build a strong referral base. In an environment where acute mental health care options are very limited, PrairieCare was welcomed into the mental health community. In the next year and a half PrairieCare will again increase its capacity to serve mentally ill children and adolescents by opening a 50-bed child/adolescent hospital in Brooklyn Park and repurposing and expanding the offerings in the current Maple Grove facility. In addition, there are talks regarding more locations in outstate Minnesota and opening Residential Treatment Centers for children and adolescents. This expansion will open up the market of acute care treatment options, leading to consumers having options about where to get their mental health care. At this point consumers are at the mercy of whomever has capacity to accept a patient. Often the road to acute care begins in the emergency room of the closest hospital.

PrairieCare as a psychiatric facility does not have an emergency room, which means that in a crisis families must first seek treatment elsewhere, as it is not equipped for medical interventions that may be needed as the result of an interrupted suicide attempt. Referrals to PrairieCare for inpatient psychiatric treatment are dependent on other hospitals referring patients who they cannot serve. Due to the shortage of treatment options, facilities with an emergency room and a psychiatric unit are well positioned to fill their unit, and then refer to other sites such as PrairieCare when they do not have availability within their own inpatient unit. It is the norm that in a mental health emergency, patients are treated at any facility where there is a bed available, with little choice as to location, specialty, or insurance coverage. With the planned addition of 30 beds into the PrairieCare system in 2015, this dynamic will change. With increased access comes choice for consumers in need of inpatient hospitalization. This reality raises two questions. First, in a crisis, do parents know they have a choice? Second, do they have the information they need to make an informed choice about what treatment option fits the needs of

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their child and family? PrairieCare has an opportunity to change the tone of communications about mental health care so that the answer to both questions is yes, but it would mean a change in the marketing strategy to include more business to consumer messaging.

## **Literature Review:**

### *Mental Illness and Stigma:*

The prevalence and treatment of mental illness is a well-studied topic. A Harvard study conducted by Murray and Lopez (1996) finds that nearly 25% of the world's population will at some point in their lifetime develop a diagnosable mental illness or behavioral disorder. According to the National Institute of Mental Health, major depressive disorder is the leading cause of disability claims in the United States for people ages 15-44. Studies have also shown that only 25%-35% of children and adolescents suffering from a psychiatric disorder will receive treatment (Burns, et.al, 1995). Many living with mental illness do not seek out treatment. Could stigma be keeping people from seeking help?

According to Byrne (2000, pg. 65), stigma is defined, "As a sign of disgrace or discredit which sets a person apart from others." Link and Phelen (2001), who are cited by Dalky (2012, pg. 523), go further to describe self-stigma as the "extent to which an individual believes others stigmatize him or her because of mental illness." Stigma affects not only the person living with the diagnosis, but also family and friends. Complicating the issue is that family and friends not only feel the stigma, they are also noted as perpetrators. Link (2004) states that families avoid telling others about a family member's diagnosis out of fear of what others may think. This phenomenon can lead to a lack of support for the patient as well as the family.

With such a high prevalence of mental illness and over 50 years of research on the topic of stigma, has progress been made to alleviate stigma as a barrier to care? The short answer is

no; not much progress has been made. The very criteria used to determine if a person needs hospitalization, "danger to self or others," is now being used to perpetuate the stereotype of those with mental illness being prone to acts of violence (Pescosolido, 2013, pg. 9). The thought that those living with mental illness are dangerous is further perpetrated in our media as will be discussed further regarding the theory of agenda setting. As reported by Olafsdottir's 2011 study and cited by Pescosolido (2013, pg. 9), an analysis of newspaper articles in the United States revealed that 50% of the articles about mental illness also mentioned a predisposition toward violence, whereas only 12% of European articles had this same connection. Despite efforts to educate the public on the neurobiological components of mental illness, public sentiment has not changed (Pescosolido, 2013, pg.9). If anything stigma has worsened due to a misperception that a brain based disorder such as mental illness is not treatable, but is now simply seen as a chronic condition.

Efforts to combat stigma have primarily taken three different approaches: education, protest, and contact. The method of education as previously noted has led to increased knowledge of mental illness as a brain disorder. This strategy however has also backfired in leading people to see mental illness as not treatable. The strategy of protest can be effective in social change, such as the National Alliance for Mental Illness (NAMI) protesting for the cancellation of television shows which depict mental illness through violence (Corrigan and Shapiro, 2010, pg.910). Protest can also have an adverse effect through raising defenses when an individuals' moral authority is questioned (Corrigan and Shapiro, 2010, pg. 910). As an example, questioning someone for the use of the word "Crazy," which is a common word to use, could carry a negative connotation perpetuating stigma, that person could become defensive to the point of not hearing or being able to process their contribution to stigma. The concept of



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contact to combat stigma relates to people having direct contact and getting to know others who are diagnosed with mental illness. The idea is that personal connection will help one gain understanding and empathy towards those living with mental illness. As noted by Corrigan and Shapiro (2010, pg. 910) studies have shown that mental health professionals themselves, who have extensive contact and understanding of mental illness, are sometimes the most guilty parties when it comes to perpetuating ideas of limited functioning and dangerous behavior.

### *Theory: Agenda Setting*

According to Lippmann (1922), as cited in Kim and Kioussis (2012), public opinion is shaped by the media determining what topic is worthy of attention. Kim and Kioussis (2012) also cite Cohen and state that the media tell people what to think about, not what to think.

Conversely this statement also implies that by omission the media also have the power to tell people what not to think about. Agenda setting is said to be about accessibility of information, while priming, an extension of agenda setting, is about setting benchmarks for the evaluation of a topic or person (Scheufele and Tewksbury, 2007, pg. 11). Through agenda setting and priming, the mass media can make not only information easily accessible in the memory, but also shape attitudes on issues (Scheufele and Tewksbury, 2007 pg. 11). With the media as the conduit for the public receiving information, the question is then, who provides the media with the information including not only the content, but the tone of the information?

In addition to topical agenda setting, the use of framing also applies to how information is delivered to the public. Framing consists of how an issue is characterized in the media to influence the audience (Scheufele and Tewksbury, 2007, pg. 11). The strategy of agenda setting, priming, and framing often go hand in hand in political campaigns as well as building popularity for social issues. The differentiator is that the theory of agenda setting states that attention to the

information is what is most important, as the goal is for the audience to have easy recall of the topic. Agenda setting is focused more on the amount of air time an issue gets versus the content of the information (Scheufele and Twombsbury, 2007, pg. 14).

Two other theories underscore the power of agenda setting, in particular when it comes to mental illness coverage in the media. As previously noted, an analysis of newspaper articles in the United States revealed that 50% of the articles about mental illness also provided a connection to a predisposition toward violence (Pescosolido, 2013). Cultivation theory and social learning theory suggest that consistent portrayals of an image in media lead to a social construct for the viewer (Stout, Villegas, and Jennings, 2004, pg. 544). If the message about mental illness predominantly states that those living with mental illness are dangerous, unpredictable, and should be avoided, this will become the social view of the viewer who interacts regularly with the media.

For mental health communicators and advocates, an understanding of framing, priming and agenda setting is critical to change the predominance of the negative view of mental illness. Public relations practitioners and mental health advocates need to provide the positive side of the mental illness story, for example, the story of scientific discoveries about the brain including new treatment options for mental illness. Stories in the news about mental illness to raise awareness are not enough, as there is a baseline of negative perceptions to be combatted. Negative perceptions that include stories about school shootings and violence often lead with a question asked by journalists regarding the mental state of the perpetrator.

*Theory: Extended Parallel Process Model*

Fear has been at the root of many public health initiatives throughout the years from smoking cessation to drugs to drunk driving. The concept of scaring people to engage them in

behavioral changes has been going on for centuries. It has been noted that stigma surrounding mental illness is also a public health concern. Would it then make sense to utilize fear appeals in the messaging to encourage people to seek help when experiencing psychiatric symptoms?

Youth suicide is the third leading cause of death among teens and young adults, accounting for more deaths in the United States than all natural causes combined among 15-24 year olds (Gould, Kramer, 2001). Indeed this is a scary statistic, but is it enough to prompt one to seek help when feeling depressed? The answer is maybe, but not as a direct fear appeal. The Extended Parallel Process Model (EPPM) demonstrates that simply scaring people is not enough to warrant behavior change and may in fact have the opposite effect of bringing on avoidance and denial.

Kim Witte (1992) sought to tie fear appeals and the perception of threat to the likelihood of behavior change. This EPPM theory adds the component of the perception of self-efficacy on the part of the viewer to deal with the fear. If the fear is too great, or perceived to be irrelevant, then no behavior change will occur. However if viewers perceive the threat as real, they then begin to assess their ability to handle the fear through a behavioral change. This is where messages of self-efficacy are crucial to initiating behavioral change.

EPPM goes on to explain perception of efficacy through defining the perception through either an emotional connection or cognitive thought process. If efficacy is determined to be low, the likely action is one of avoidance and denial which is termed as Fear Control Reaction by Malony, Lapinski, and Witte (2011). If efficacy is determined to be high, the reverse action is behavior change, termed Danger Control by Malony, Lapinski, and Witte (2011). The cognition related to danger control is that of controlling the danger through taking proactive action.

As with other public health campaigns fear and self-efficacy together show stronger results in favor of behavioral change. Elder, Shults, Sleet, et al. (2004) report on the study of awareness campaigns aimed at reducing alcohol impaired driving (AID). These campaigns were found to be most effective in reducing alcohol-related accidents if they incited fear through maximizing exposure of the content. Paid advertising was used to increase length and frequency of exposure (Elder et al, 2004). These campaigns also demonstrated that efficacy rates were important to behavior changes, as the greatest change was noted in regions where there were concurrent high levels of law enforcement and community activities supporting the reduction in AID (Elder et al, 2004).

Engaging in the use of EPPM can incite behavior change through awareness campaigns about the prevalence and damage that can result in untreated mental illness, while also discussing efficacy of treatment, and the accessibility of treatment options. Similarly, mental health services can benefit in particular to the argument of accessibility of treatment. Organizations such as PrairieCare are well positioned as they have increased capacity for care every year for eight years. PrairieCare can also make use of their offering of free needs assessments to aid the perception of self-efficacy. Most barriers to seeking help are eliminated by making access to initial assessments easy. Getting answers and recommendations for treatment takes just a phone call and attending a one hour appointment free of charge.

*Theory: Cognitive Dissonance*

Cognitive dissonance results when an individual experiences psychological tension between a previously held belief and a new learning (McFalls and Cobb-Roberts, 2001). For instance parents who believe their child to be healthy and “normal” may experience cognitive dissonance when they hear a report from the child’s teacher about struggles to focus in school,

frequent redirection needed by the teacher, and behaviors that are disruptive to his or her peers' learning. The theory of cognitive dissonance states that there are three ways to resolve these feelings of discomfort.

First, the new knowledge could be discounted or ignored (McFalls and Cobb-Roberts, 2001). In the example above the parents could simply decide that the teacher was not speaking the truth, or had a bias against their child. This shift would justify their inaction in dealing with something that they do not agree is a problem. Often stigma surrounding mental illness can reinforce this strategy for dealing with cognitive dissonance.

The second strategy for dealing with cognitive dissonance is that of adding new information to bridge the gap between what is known, and what is newly learned (McFalls and Cobb-Roberts, 2001). In terms of mental health care and education, the teacher's comments could have prompted the parents to re-evaluate their child's behavior in other settings. The parents may begin to see some behaviors at home that the teacher is also reporting in the classroom. The parents could also seek consultation from their pediatrician or a mental health professional seeking to confirm a diagnosis and plan for treatment.

The third reaction to cognitive dissonance is to change the behavior altogether (McFalls and Cobb-Roberts, 2001). Using the same example from above the parents may initiate changes in the way they parent to compensate for behaviors of their child. Perhaps they provide more help during homework time, or volunteer in the classroom more often so as to correct their child's behavior in the classroom setting. The change in behavior is justified due to the new information. Awareness about the concerns and consequences for their child have led to behavior change on part of the parents to support their child, therefore reducing the emotional discomfort that resulted from the cognitive dissonance.

*Employees and Corporate Reputation as a method for Branding:*

Branding for a mental health treatment center is a complicated issue. As previously stated, due to stigma, many don't think they will ever need mental health treatment. How then does a service with limited targeting capabilities get the message out about what sets it apart from other treatment options? The key may be the employees. According to Cravens and Oliver (2006, pg. 296) the benefits of corporate reputation as a form of branding include: ease in recruitment and retention of talented employees, customers being likely to attribute quality to the services, as well as potential for lower contracting costs, and reduction in regulatory scrutiny. While corporate brand and corporate reputation are not synonymous, they are closely aligned. Helm (2011, pg. 658) states that corporate brand is attempting to provide relevancy to differentiation provided through services or offerings of the company, while reputation relates to the perception of how the company conducts itself in actions. In an industry such as mental health care the role of the employee in building corporate reputation and a positive brand is crucial.

Employees are the primary provider of information about access to care, insurance concerns, and of course the actual treatment in a mental health setting. "They are the primary interface with customers, suppliers, and other key partners, and their actions, both positive and negative, can affect how the company is perceived." (Cravens, Oliver, 2006, pg. 297). A study investigating employees' awareness of their impact on corporate reputation building (referred to as AICR) was conducted to determine how to measure and incentivize positive reputation building behaviors.

This study revealed that job satisfaction and commitment which have long been thought to be indicators of positive reputation building behaviors are not in fact the only key to employee

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engagement in reputation building (Helm, 2011, pg. 662). In fact a main indicator in positive employee behaviors enhancing corporate reputation lies in the pride felt by the employee towards their workplace. Helm's study finds that employees' positive behaviors are also more likely to occur outside the usual realm of their work day. Employees who feel pride are more likely to share their experiences and workplace culture with their social network outside of the workday (Helm, 2011, pg. 662). Helm (2011) also underscores the role of management in fostering employees' pride and positive reputation building actions. Helm (2011) reports it is the role of management and internal marketing to motivate the following behaviors among employees:

Understanding and living the brand: reflecting and engaging in appropriate (new) behaviors in stakeholder contact; talking favorably to others about the firm; investing in the firm's merchandise to personify the brand; buying firm products or services and spreading word of mouth; defending the firm against negative word of mouth; identifying potentially harmful actions or communications by others and finding ways to counter them. (pg. 662)

Also of note from the Helm (2011, pg. 662) study is the need for internal integrity and trust among management and employees. Without honesty and trust, credibility of management could taint efforts to motivate positive corporate reputation building behaviors.

Related to employee engagement and willingness to participate in reputation building behaviors is the concept of organizational commitment. Alniacik, Cigerim, Akcin, Bayrum et al. (2011, pg. 1179) cite Porter et al (1974) in defining three components of organizational commitment. First is belief and acceptance of the mission, vision, and values of the organization. Second, employees need to demonstrate a willingness to put forth effort in support of that mission while also living the values of the organization. Third is a desire to remain a part of the organization (Alniacik, Cigerim, Akcin, Bayrum, et al. 2011, pg. 1179). Commitment

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such as this would demonstrate positive employee behavior supporting positive corporate reputation. Just as positive employee behaviors reinforce the corporate reputation and brand, a positive brand reputation can increase a sense of pride in the organization further motivating positive employee engagement in the success of the organization.

### **Hypothesis and Research Questions:**

RQ1: How do you engage with a public that does not want to be identified, due to stigma, or denial/misunderstanding about the need for services?

RQ2: Why do people seek out mental health care; what is the behavioral concern or tipping point to seeking help versus thinking it is a phase, or exaggeration of mood?

H1: Stigma around mental illness is a barrier to parents accessing mental health care for their children.

RQ3: What strategies for business to consumer marketing can complement business to business marketing without deflecting from the business to business strategy?

RQ4: Does a primary focus on business to business marketing undermine the consumer, therefore perpetuating the stigma around mental illness?

One common point of contact for both professionals and the consumer is the PrairieCare staff which leads to the second hypothesis:

H2: Employee behavior and interaction with publics including professionals and parents can supplement marketing efforts to create brand affinity among mental health professionals and consumers alike which leads to increase in referrals.



**Research Methodology:**

This researcher will conduct a survey of mental health professionals, a survey of parents of school aged children, in-depth interviews with parents of school aged children, and digital content analysis of the digital footprint of mental health organizations similar to PrairieCare, with the goal of improving the messaging and planning for PrairieCare communications to stakeholder publics as well as internally. A survey of mental health professionals will identify professional perceptions about mental health stigma, clients' access to care, and referral behaviors. Parents will be surveyed to gain insight into knowledge and understanding of mental illness as well as willingness and ability to access care if needed. In-depth interviews will then be conducted to seek understanding of community engagement to better inform strategies to raise awareness among parents. This research will conclude with content analysis of the digital footprint of PrairieCare and agencies with a similar continuum of care offered; Fairview/UMN Health/Amplatz Children's Behavioral Health, Hazelden, Emily Program, Canvas Health, Nystrom and Associates, and Headway Emotional Health. The goal is to identify ways that PrairieCare can differentiate its messaging to set it apart from other mental health providers while positioning the PrairieCare continuum of care as a premier provider and innovator in the field of mental health.

**Professional Survey:**

A convenience sample was solicited through the professional contacts of this researcher on LinkedIn. Out of 734 professional contacts, 127 met criteria for inclusion in the survey. Criteria for inclusion was that the contact reported one of the following as their job title; Psychiatrist, Psychotherapist, Psychologist, Therapist, Social Worker, or Marriage and Family Therapist, and that they had a mental health practice in the eleven county metro area. Those who

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received the email were also invited to share the URL for the survey with colleagues who met the criteria. A follow up email was sent after five days requesting participation in the survey and stating the upcoming closing date. The survey was open from April 11<sup>th</sup>, 2014 through April 21<sup>st</sup>, 2014. A total of 98 professionals completed the survey. Please see Appendix A for full survey and responses.

Respondents report working in school settings (39%), private practice outpatient settings (29%), with the rest reporting working in for-profit, non-profit mental health clinics, or a clinic associated with a larger health care system, and 2% reporting they provide in home mental health services. The diagnoses worked with most frequently by respondents were Anxiety (86%), Depression (66%), and ADHD (37%). Most respondents report working with children and adolescents, with only 24% reporting that they only work with adults.

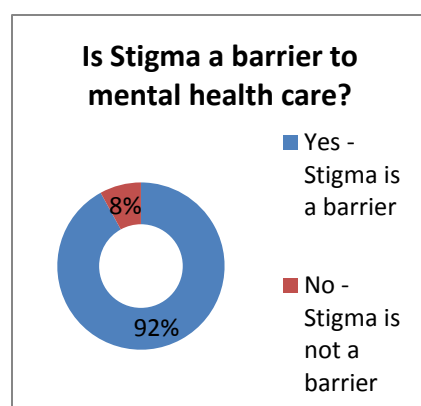


Figure 2

Questions that related to H1 inquired if professionals see stigma as a barrier to care, either through concerns of the patient, or through delaying treatment. This hypothesis was strongly supported, (see Figure 2), with 92% of respondents stating that yes, in their professional opinion, stigma around

mental illness is a barrier to people accessing mental health care.

Sixty-two percent of respondents' state thinking their clients wait too long with symptoms prior to seeking help. This survey also asked what clients report as concerns about starting mental health treatment. Sixty-two percent report fear of judgment, 60% stated their clients are concerned that nothing will help to relieve symptoms, and a response rate of 37% for those who report their client had concerns about privacy or people finding out they are in therapy or treatment. If stigma is a barrier, one would assume that concerns about people discovering they

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were in treatment would be higher. In addition, cost of treatment and lack of insurance coverage was cited most frequently at 81%, leading to an assumption that the effects of the mental health parity law have yet to take hold. This further perpetuates the view that mental health care is not as important as physical health care.

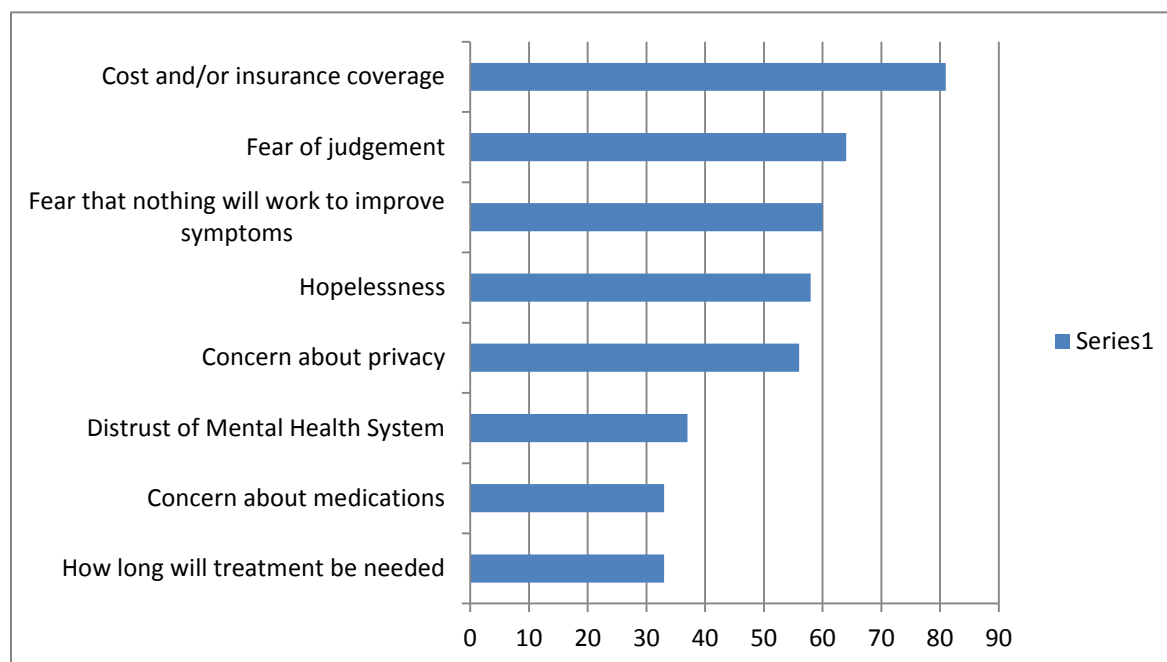


Figure 3

This survey sought to identify how clinicians and mental health clinics market their services. Respondents were asked “In your professional opinion are people able to find the appropriate services for their mental health needs?” While 13% reported yes, 87% stated sometimes, with

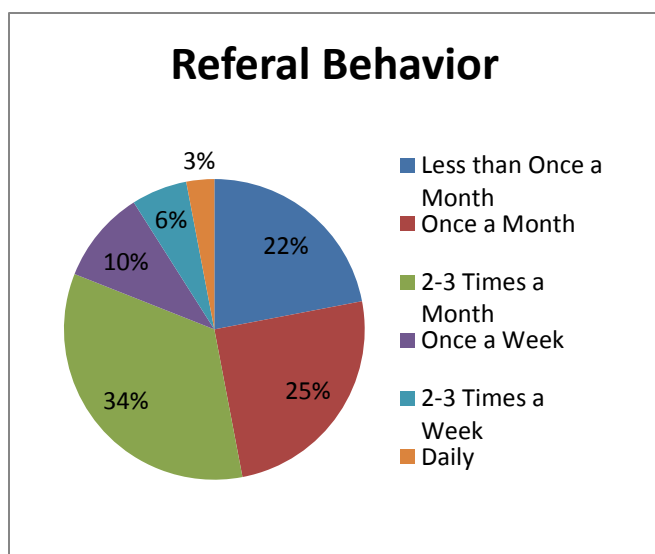


Figure 4

zero no responses. People are connecting; however 87% of the time people are not connecting quickly to appropriate services. This is further supported in the question about referring to other services. In mental health, the continuum of care and needs of the patient

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often lead to referrals to other providers due to a specialty need, or a level of care beyond the scope of that clinician (see figure 4). Twenty five percent report they refer to other services once a month and 34% report referring out two to three times a month. Weekly referrals to other providers were also noted by 16% of the respondents. Twenty two percent report minimal referrals out, of less than one time per month.

In identifying referral sources, professionals were asked if internet search, word of mouth through family and friends, doctor/pediatrician, social worker, insurance panel, emergency department assessor, school staff, or paid media such as magazine ads or commercials were the sources primarily cited by patients. The most frequently cited referral source was school

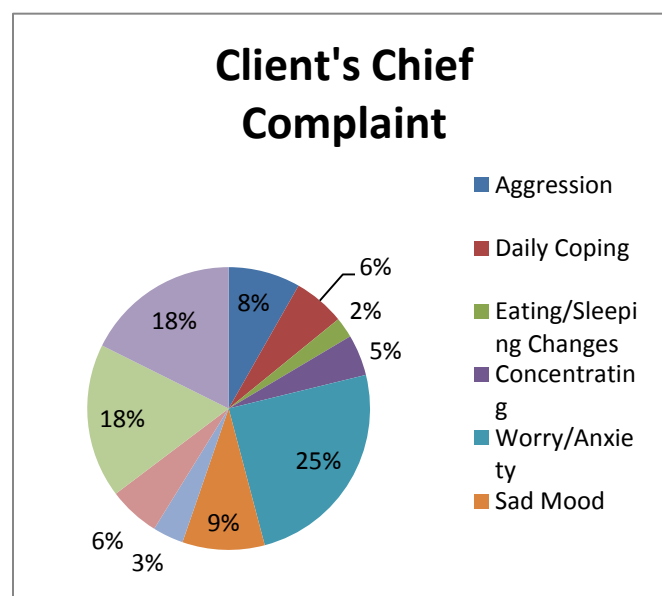


Figure 5

staff at 35% endorsing this choice. Professionals such as pediatricians, and social workers were also highlighted at 9% and 10% respectively. Family and friends, and internet search account for a combined 28% of referrals. These findings are contrary to the referral sources cited by PrairieCare patients, as school referrals account for only 4% of referrals for 2013, with hospitals accounting for the largest number of referrals at 17% (Internal document, PrairieCare 2014 Marketing plan). These referral trends for PrairieCare are likely attributable to the focus PrairieCare has on acute care versus outpatient services.

In relation to RQ2 respondents were asked to identify symptoms that led to seeking mental health care. Clinicians were asked to use a rating scale of one to ten with one being most

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frequently reported and 10 being least frequently reported. Clinicians most prominently reported symptoms of anxiety, conflicts in relationships, and chemical use as the chief complaint of new patients (as shown in figure 5).

H2 proposes that employee behavior and interaction with publics including professionals and parents can supplement marketing efforts to create brand affinity and increase referrals. Due to the high number of professionals that frequently refer to other levels of care, leveraging employees in relationship building is critical to increasing referrals to PrairieCare. Respondents were asked to rate three items relating to PrairieCare staff engagement with referral sources on a five point scale with 1 star being poor and 5 stars being excellent. These items were chosen due to the implications on referent behavior if the perception of these criteria was low. If staff is perceived and not knowledgeable, collaborative and services were not accessible referral sources would seek out other options, as their therapeutic rapport with their client in on the line when referring.

#	Answer	Min Value	Max Value	Average Value	Standard Deviation	Responses
1	Knowledge and compassion of staff	1.00	5.00	3.83	0.83	78
2	Collaboration with outpatient providers	1.00	5.00	3.38	1.25	79
3	Accessibility of services	1.00	5.00	3.90	0.98	80

Figure 6

Regardless of the average ratings, respondents did respond positively to the question asking about follow up actions they would take in relation to PrairieCare. Seventy one percent report they would refer any clients in need of intensive services. Additionally, a combined 62% state they would seek out more information about PrairieCare either through the website or through contact with an employee or the community relations department. Of note is that only

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7% report they would consider inquiring about job openings, which may lead to a recruitment issue as PrairieCare continues to grow.

While respondents state that their experiences with PrairieCare to date lead them to possible positive actions towards PrairieCare, there is room for improvement. Increasing the staff awareness of their impact on referrals based on their knowledge, compassion, and collaboration, can have a positive impact on the referral base and the future census of PrairieCare programs. Conversely, if staff are unaware of their impact on referents' attitudes toward the PrairieCare brand, employee engagement will likely decrease leading to a negative effect on referents' perceptions of PrairieCare as an industry leader, and premier provider of mental health services.

### **Parent Survey:**

After receiving exempt status from the Institutional Review Board, a convenience sample was recruited through the use of social media seeking parents of school aged children to email this researcher if willing to participate in a survey. A personal email was sent to 27 people who responded that they were interested in participating. The email included the informed consent (See Appendix B) for the research and a link to the Qualtrics survey URL consisting of 22 questions. In this email participants were also encouraged to share this informed consent and URL with other parents of school aged children living in the Twin Cities Metro Area. Participants were notified that all responses were voluntary and confidential. The informed consent form also provided a link to an independent URL through which participants could consent to be contacted to participate in an in-depth interview, which will be discussed in the following section. This researcher sent 42 emails to personal contacts agreeing to participate.

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These respondents also shared the link as a total of 65 surveys were initiated, with 48 completing the entire survey showing a 26% drop out rate. (See Appendix C for full survey and responses)

Respondents to the survey were primarily females representing 90% of the sample. This response could be representative of females acting as a lead parent when it comes to mental health and medical decisions in the family. Also of note demographically is the high level of education and income reported by the respondents: 84% report having at least a bachelor degree, and 71% state a household income of over \$100,000. Most (81%) are between the ages of 31-45, and most (90%) report living in a two parent household where the biological or adoptive parents are married. While this sample is not representative to the overall public, it is a public that PrairieCare would benefit from targeting.

The questions in the parent survey were posed to gain insight into the knowledge, understanding and comfort that parents felt around the topic of parenting and mental illness. Parents were asked about their knowledge about the prevalence of mental illness, as well as prevalence of mental illness in childhood. This group, again not representative of the general population, had a high level of knowledge and understanding of mental illness with 54% reporting the correct statistic about lifetime prevalence of mental illness. A majority of respondents (87%) also report being comfortable asking their child's pediatrician, teacher, or other caring adult about mental health concerns. Respondents were asked about their comfort level in seeking information regarding ten different diagnoses, (Attention Deficit Hyperactivity Disorder, Depression, Anxiety, Bipolar Disorder, Autism, Post Traumatic Stress Disorder, Schizophrenia, Personality Disorders, Obsessive Compulsive Disorder, and Chemical Dependency). At least 60% of respondents are comfortable asking questions about each mental

illness listed. These numbers could be inflated due to the methodology of convenience sampling and this researcher having close ties with many working in education and the health care fields.

RQ1 seeks to gain insight as to how to engage with a population that isn't seeking to be identified. As established through the literature review and the surveys with mental health professionals, stigma continues to be an issue that stands in the way of people seeking mental health treatment. Question 12 and 16 were posed to discover the thoughts and concerns of parents when facing the reality of seeking mental health care for their children or adolescents.

Respondents were given the opportunity to respond to all that apply regarding what comes to mind if they were to be faced with concerns about the mental health of their child. The result was

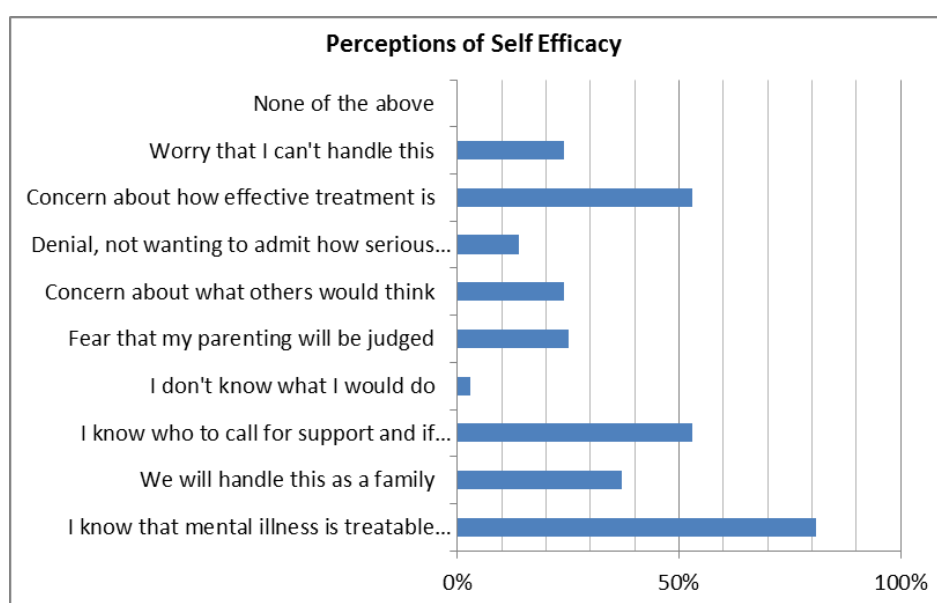


Figure 7

promising for the mental health field, with 48 out of 61 responding positively about the knowledge that mental health is treatable and that they will get the help they need. There remains a cause for concern in that there were also 31 out of 61 positive responses regarding concerns about the efficacy of mental health treatment. This response shows that there is growing awareness of the efficacy of mental health treatment, but there is also opportunity for improvement. Regardless of the stigma as a barrier supported in the survey of mental health professionals, parents' report of concerns regarding being judged, or of concern about what others would think, was somewhat low for this survey, at 25% and 24% respectively. Also of



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note was a positive response to a statement about self-efficacy with 14 of 59 reporting they worry that they couldn't handle concerns about the mental health of their child. In relation to this finding is that parents seem somewhat ambivalent in their response about how long they would wait to seek support if there were concerns. Most respondents (62%) report "It depends" versus 21% stating they would wait up to a month and 13% would seek advice after as little as two weeks.

Seeking deeper insight into possible barriers to accessing mental health care this survey also included a question to gather qualitative data asking the respondent to report three words that came to mind when they hear or see the term "mental illness," or "mentally ill." Responses were coded as either positive, meaning hopeful for treatment, or factual about realities of mental illness, negative, meaning a pessimistic view of treatment, or stereotypical terms, or neutral where terms stated were simply words associated with mental illness such as a particular diagnosis. Each response of three words was kept together to determine if it fit positive, negative, or neutral, with majority of words in the response ruling the end category (See Appendix D for code sheet). Of the 43 responses to this question, 25 qualified for coding under negative, with 11 as positive and 7 as neutral. An example of a negatively coded response is "unfortunate, challenged, fringe." A response coded as positive included words such as help, advocacy, therapy, concern, and support. Neutral responses either had one word that would fit each category such as "help, depression, suicide" or were all clinical terms such as, "anxiety, psychologist, medication." The qualitative data support that stigma continues to be a barrier, but is contradictory to the quantitative data previously reported from question 12 regarding what comes to mind if faced with mental health concerns in their child.

Research question two seeks to understand the behavioral threshold that would lead to concern and potentially to seeking out support. Questions 8-11 and 13-15 sought more information about the reasons parents would seek out help and what were the trusted sources of information. Two questions separated parents of children ages 5-11 and parents of adolescents defined as ages 12-18 about behavior changes that would lead to concern. Regarding questions eight and nine, the behaviors listed in each section had clinical significance for meeting some of the criteria for mental health disorders. The behaviors noted are different to reflect developmental norms for the age groups, except for five behaviors which have clinical significance for each age group.

Also for questions eight and nine, analysis was done after accounting for respondents who did not have children in that age category. This analysis demonstrates a high propensity for concern across the behavioral concerns noted for both parents of children and parents of adolescents. Where comparisons can be made due to behavior change being noted in each parental category, the respondents reporting concerns regarding their adolescents show a higher rate of concern for four out of the five behaviors shown in the graph below.

Behavior	Parents of Children	Parents of Adolescents
Aggression	94%	90%
Change in grades or behavior at school	92%	100%
Change in sleep and/or eating patterns	82%	90%
Difficulty concentrating	80%	82%
Use of tobacco, alcohol, or other drugs	92%	100%

Figure 8

These findings are reassuring in noting that parents are able to identify behaviors that could warrant intervention through evaluation or treatment.

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With concern established, the next segment of questions sought to identify trusted sources of information and knowledge of the mental health continuum of care. Respondents report a high level of understanding of the initial entry points into the mental health continuum of care. Most (90%) report understanding and knowledge of how to access medication management and a similar percentage (83%) stating they could access outpatient therapy. The higher levels of care such as partial and inpatient hospitalization are less understood with less than half of respondents reporting they knew how to access these levels of care. Though under 50%, these responses were of note as many within the mental health field continue to be unsure of the role of partial hospitalization within the continuum of care.

Respondents were also asked two questions about sources of information and trustworthiness. One question focused on internet resources for information and one question was focused on human sources of information. As seen in the chart below in response to the question, “Please rank the trustworthiness of the following resources if you were seeking information about mental health concerns: With 1 being most trusted source, and 7 being least trusted among those listed.” Mental health clinic websites, resource guides or advocacy websites, closely followed by a blog written by a mental health professional were reported as most trusted for internet sources.

Statistic	Mental Health Clinic Website	Mental Health Advocacy Group Website/Resource Guide	Blog written by a mental health professional	Web MD	Parent Blog	Search Engine such as Google, or Bing	Social Media such as Facebook, Twitter, and Linked In
Mean	2.18	2.24	3.17	3.71	4.77	5.04	6.12
	1	2	3	4	5	6	7

Figure 9

When asked about the trustworthiness of human sources; mental health professional was cited as the most trusted source of information, with school teacher and friend as least trusted among the choices offered. One flaw in this line of questioning is that there was no follow up seeking information about the current relationship with said individuals. Mental health professionals are seen as the most trusted, but no information is available from this data to establish if there was a previous relationship with a mental health professional. A follow up question regarding the prior relationship with these individuals could offer great insight. Again contradicting stigma as a barrier to care the internet as a trusted resource had a low ranking. With the privacy afforded with this source, a question is raised about the wording of the question and if the internet was used to find a provider, then seeking council from said mental health provider versus using the internet to determine symptoms that warrant further evaluation.

Statistic	Mental Health Professional	Child's other parent or step parent	Pediatrician	Family member such as your parent or your adult sibling	School Counselor/ Nurse or Social Worker	School Teacher	Friend	Internet
Mean	2.4	2.68	3.08	4.43	4.48	5.08	5.52	7.14
	1	2	3	4	5	6	7	8

Figure 10

### In-depth Parent Interviews:

As previously stated, parents were sought through convenience sampling and the use of social media. After receiving exempt status from the Institutional Review Board to include in-depth parent interviews, parents of school aged children were sent an email with the informed consent and URL for both the survey and an independent URL for providing contact information. It was stated that providing said contact information was granting this researcher

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permission to contact them directly to schedule an in person in-depth interview. Due to time constraints this researcher scheduled interviews with the first five who were reached by phone, out of the 14 who responded to the contact survey. The interviews took place on Saturday, May 3<sup>rd</sup>, 2014 in a reserved conference room at the Maple Grove Public Library. Each interview was scheduled for 30 minutes, with 30 minutes between each session to allow for confidentiality of the interviewees when coming and going from the site. It should be noted that all respondents, thus all that participated in the interviews, are personally known by this researcher. Two of the parents also reported in prior conversations that they have sought out mental health support for their children. With permission from the participants all interviews were recorded and subsequently transcribed, please see Appendix E for full transcription.

Demographic information is based on personal knowledge of the respondents. All participants are women between the ages of 34-50 who are married and live in Suburban Hennepin County, again not representative of the community, but a subset of a desirable demographic for PrairieCare to target. Two interviewees are parents of an only child, and three interviewees have two children each. Only one interviewee is currently parenting an adolescent, the rest are parenting elementary school aged children, and no preschool or infant children currently reside in any of the homes. Four out of the five mothers work full time, one works part time, about 10-15 hours per week.

The goal in conducting in-depth parent interviews was to determine messaging strategies and points of contact where the potential PrairieCare consumer is already seeking opportunities for support or engagement. Interviews began with priming questions asking about what their family enjoys doing together and about family values. Common themes noted include time together traveling, outdoors, sporting events, and movies. Values held by all mothers were those

of responsibility, respect, and honesty. All of those interviewed felt that a particular strength in their parenting was in communicating with their children. The theme of being open and available to their children as well as collaborating with the fathers was common throughout the interviews.

To discover more about vulnerabilities around parenting each was asked about what areas they feel they struggle with as a parent. Again common themes resulted, this time around consistency, follow through, and boundaries. Parents report that they have a hard time setting and sticking to limits. In relation to this question interviewees were asked how they cope when their children are struggling, either with an illness, frustration, or injury. Again a theme of communication was relayed, either through communicating about concerns with their child directly or through communicating with their parenting partner about the course of action to take. One parent reported, “Really just trying to make sure the lines of communication are completely open at all times.” There was some contrast in one parent reporting she tends to hover, and fix things for her son. She reports knowing this isn’t helpful and often frustrates her son even more.

Seeking to confirm information gathered through the parent survey the question, “If you felt you needed support or help with parenting where or who would you go to?” This is a similar question to that asked in the survey, however in the survey parents were asked to rank the trustworthiness of different online, or in person sources. In the interview parents were not given any prompts or choices as to the concern or a range of people they could choose from. Unlike the survey where teachers and friends were listed as least trustworthy in the list provided, teachers and friends who have gone through something similar were frequently cited by interviewees. This difference could be due to the difference in wording with trust in the survey versus help and support used in the interview questions. Interviewees also cited their

pediatrician as a resource and noted the long term relationship with this person and their knowledge of the family and the dynamics. One respondent stated she would seek advice from a therapist they have worked with in the past stating she would prefer non-medication interventions which for social and emotional concerns leads her away from the medical doctor.

Parents were asked about their engagement with the internet, social media, or parent groups as a source of information if they are seeking support. Of the parents interviewed all endorse seeking information from sources that have specific expertise either through their profession, or through personal experience. Two of the five parents would prefer a forum to ask a question of an expert then have follow up be more personal, like through a return email addressing them personally versus answering a question in a public forum. Other parents used online resources to refine their search seeking themes or trends to look into further. A common thread for engagement was that the information was presented clearly and concisely in a way that was somewhat free from “visual clutter”.

Regarding how parents learn about community events whether recreation, parenting, or family activities there was some consensus that the school was the primary source of information. Four out of five interviewees report that information in the form of flyers coming home or posters seen in the school were the primary source of information about community happenings. Also endorsed were local community newspapers that are delivered free of charge to each household in the community.

When asked about how they would like to engage with community events, a theme of preferring really local events was endorsed. One parent reports, “I am not interested in going to a Hennepin County event for example, cuz I just feel that audience is too big, too wide and not representative of the community in which I live.” One respondent reports that she seeks out

opportunities and events in the community to support her as a parent, but feels that they don't always pertain to her, reporting that offerings are often about the extreme. She states, "My kids aren't bad or naughty, but I struggle with them sometimes." One parent also endorses that any topic she would be willing to attend would have to be relevant. Like a general topic about kids and chemical use, she doesn't think her child is using, but as a parent it is her responsibility to know the signs and to stay aware. One parent also stated that the priority was finding ways for her kids to be connected and to find their niche, not so much about her connection. One parent reports that when the school and community work together and a reputable organization is behind the event she is more likely to learn about them. (See Appendix E for full interview transcripts)

### **Content Analysis:**

With the growth of internet research and social media as a low cost tool for gaining exposure and name recognition, a strong digital presence can give an organization an edge in winning the consumer in need of mental health services. Social media can be a tool used to raise awareness as well as alleviate stigma around mental illness. This researcher chose 6 providers of mental health treatment with similar program offerings to PrairieCare: Fairview/UMN Health, Hazelden, Emily Program, Canvas Health, Nystrom and Associates, and Headway Emotional Health. This researcher practiced the method of intracoder reliability, viewing each website and social media profile on April 18<sup>th</sup>, 2014 and again on May 4<sup>th</sup>, 2014.



Each organization website was evaluated for the accessibility of the following information: number of clicks to the mission, vision, and values, contact information

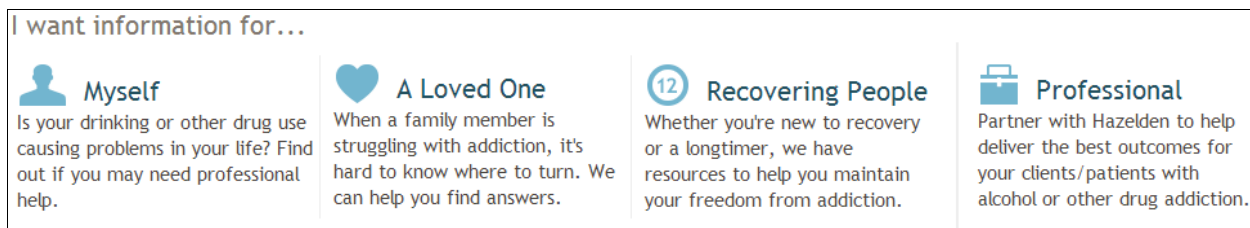


prominently displayed on the home page, easy to find program eligibility, parent friendly language, and staff bios. Please see Appendix F for complete content analysis tables.

The importance of the mission, vision, and values (MVV) is apparent in that five of the seven organizations have MVV within 2 clicks of the home page. One organization does not have MVV on their website, and one being a large health care organization has the overarching MVV within 3 clicks. Of note is that the health care organization does not have specific MVV for what they term, “Behavioral Health” and accessing the MVV for the organization is more than 3 clicks away from the behavioral health home page. While the tone of the MVV for most organizations is clinical, this is not seen as jargon, but as confirming their reason for being as having a clinical purpose.

The goal of this content analysis is to determine the ease at which a parent can access care and to assess if mental health providers are perpetuating the stigma by speaking primarily to other mental health providers, rather than to their consumers. The mental health continuum of care is complicated, and insurance eligibility for programming adds to this complexity. The use of the organization websites and social media to help parents understand the levels of care and match what they are concerned about with programs to help is an opportunity to alleviate stigma and increase access to mental health care. If information is difficult to come by it further frustrates already vulnerable and concerned parents by making them feel they are being passed around rather than helped. As reported in the professional survey, only sometimes do professionals feel that people are able to find the appropriate service for their needs which leads to an increase in the frequency of referring out versus being able to help those who come to your door as a professional.

All organizations evaluated have contact numbers on the home page. However six out of the seven organizations do not have specific information about program eligibility available. Each site has descriptions of programs offered, but not an explanation of whom or what issues that program may benefit. This leaves a gap in access to services. Parents may feel a certain program sounds appropriate, but the clinical information leads to a referral elsewhere upon in person evaluation. Four of the seven organizations utilize language that is parent friendly, with little to no mental health jargon used. Both Hazelden and The Emily Program have strong components speaking directly to families. The presence of resources for families is likely due to the strong recovery community that comes with being a treatment center for Chemical Dependency and Eating Disorders. Below is a screen shot from the Hazelden home page providing links for how potential patients or families can seek information and support.



An example of parent friendly language is found in the “For Families” section on The Emily Program website, “How Can I Tell if there’s a Problem? This 7 question *Self Scoring Tool* for family or friends may help you,” this is followed by a seven question checklist to help determine if further evaluation is needed.

Access to information about staff that provide a direct service was also evaluated. Treatment for mental health concerns is very personal, and it is thought that connection with the provider could be a factor in the decision to seek out treatment with that organization. This evaluation validated that assumption, as all organizations devoted considerable time and effort in maintaining biographies of all clinical staff, and in two cases all direct care providers. The

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information varied, at the very least pictures, education history, and licensing or credentials were provided. Five of the seven provided only biographies for fully licensed staff which included narrative about the professionals' work history and sometimes hobbies outside of work.

The use of social media by all organizations was also evaluated. Findings of this evaluation show that organizations with very specific therapeutic roles such as Hazelden and Emily Program have a large presence in social media, even developing password protected recovery communities for former patients to seek support. The use of social media by Fairview, being an all-encompassing health care organization, was devoted to physical health issues. There were no posts about mental health in the last three months on any of the Fairview/UMN Health/Amplatz social media sites. PrairieCare, Nystrom, Canvas, and Headway all seem to be newer to social media. Posts are not consistent in timing or tone, and most are devoted solely to program and staff updates. The use of social media seem to be underutilized by smaller organizations, likely due to concerns about monitoring and staffing issues around maintaining the platforms and creating the content. See Appendix G for social media use chart.

### **Limitations and Future Research:**

This research was conducted through convenience sampling due to time constraints for both surveys as well as in-depth interviews. The professional survey sample consisted of mental health professionals already connected professionally to this researcher and therefore likely already familiar with PrairieCare. Prior knowledge and connection could have swayed response rate, as well as responses to questions about PrairieCare. Personal connections through social media were solicited for participation in the parent survey and the in-depth interview. The snowball method was also used in recruitment of participants for the survey as contacts were invited to share the informed consent and URL links with others. The sample received however

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is still not representative of the population of the Twin Cities Metro Area. It is also possible that due to personal connections and relationships that the knowledge of respondents about mental health and care options could have been higher than the average parent.

In addition this researcher is also a current employee of PrairieCare and a part of the Community Relations team that plans and executes all communications. While working to avoid bias, the pride felt by this researcher for the work done by PrairieCare may show through in the content analysis section. Also of note in the content analysis research is the uniqueness of the services offered by PrairieCare. A comparison between PrairieCare and Fairview's Behavioral Health Services is difficult to make due to the difference in the size of the systems. PrairieCare is a privately owned psychiatric continuum of care versus Fairview being a full scale health care organization providing services across the state with the communications scale to match, however little of that communication is used for behavioral or mental health care. Comparing PrairieCare to Emily Program and Hazelden is a closer match in terms of scale; however Emily Program and Hazelden both have very narrow scopes of services, being specific to eating disorders and chemical dependency respectively. The remaining services in the comparison also provide a varied continuum of mental health care, and operate out of several locations. Canvas Health, Nystrom and Associates, and Headway Emotional Health are all providing services based on grant and federal or state funding through county contracts, PrairieCare does not, which sets them apart and makes comparisons difficult.

Prior to implementing specific messaging strategies, future research is needed to test messaging for parents, and messaging for professionals. Utilizing focus groups of professionals regarding their referral behaviors and points of contact with PrairieCare could be beneficial in maximizing exposure to the brand. Interaction with PrairieCare staff could also be addressed in

this focus group in reference to collaboration and efficacy of treatment provided. This information can help to motivate and validate staff efforts in connecting with outpatient providers who are regularly referring to PrairieCare's continuum of care.

In addition to professional focus groups, further research such as focus groups with parents to learn more about how parents receive messaging and in what ways they would like to engage with the brand when they have mental health concerns. With schools identified as a major touching point for parents in getting information, further insight can be gained through additional research in regards to how to leverage a relationship with the schools to provide more targeted outreach to parents in the form of awareness events, printed materials, and engagement on social media.

**Discussion:**

Information gathered through the literature review as well as primary research methods aided in the formation of recommendations for PrairieCare. RQ1, RQ2, and H1 focus on parents as an external audience. This research sought to identify if the parenting public was a sufficiently educated and invested audience to target, and whether this audience should be targeted in addition to, or in lieu of professional referents, and if stigma continued to be a barrier to accessing information and care. H1 was supported in terms of professional responses to the survey, and in terms of parents endorsing concerns about what others would think. These endorsements, however, were lower than anticipated, which demonstrates that progress has been made regarding the awareness of the existence and treatment options for children's mental health issues. This data, however, cannot be generalized to the public due to the convenience sampling, so the assumption can be made that in demographics that include higher socioeconomic markers

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such as income and education, progress has been made; however, more research is needed regarding inroads made in raising awareness among those with lower socioeconomic markers.

Primary research was conducted to differentiate the potential power of marketing strategies directed to business relationships and endeavors versus direct to consumer efforts. Findings from the professional survey validate the power of networking and relationship building with referents through business to business strategies. It was also noted that most referents need to refer to other services or levels of care at least one time per month. This potential for partnership is strong for PrairieCare in that a very specialized level of care is provided. However if parents became more informed consumers of mental health care, could this power could be mitigated? PrairieCare is in a position to improve direct to consumer marketing strategies and implement concurrent campaigns to leverage relationships with professionals and parents to become the first point of entry into the mental health continuum of care.

PrairieCare is also in the unique position where employees have a great deal of contact with both professionals in the mental health community as well as with parents through patient care. Employee interactions with these publics do influence the perception held by both regarding the PrairieCare brand. Further research is needed to conclusively support H2. Employees have been noted to have influence, but because of the lack of availability in acute care settings referrals continue regardless of perceptions of employee compassion, knowledge, and collaboration. In the mental health field the referral is seen as sacred. It is passing trust and therapeutic rapport from a clinician to another provider in hopes of the client benefitting. If employees are engaged and collaborative in care, referents are more likely to feel trust and connection to the treatment team and therefore are more likely to refer in the future, as their reputation and working relationships with clients are on the line with every referral. Conversely

negative interactions or unmet expectations can lead to damage of the brand and the referent relationship.

**Recommendations:**

PrairieCare is in a unique position where its limited commodity of patient care is in high demand. Through yearly growth, programs have seen full capacity on a rolling basis with a new admission for each discharge. High patient acuity, changes in leadership through growth, and the frequent on-boarding of new staff have potentially weakened the brand, while not impacting the bottom line due to demand for services. However, with the 2015 expansion of the PrairieCare inpatient unit, the hope is that capacity for all child and adolescent psychiatric units will see more availability. The goal is to have a bed when it is needed. With other inpatient units being a part of a larger health system, they have an advantage in patients being admitted directly through the emergency department. PrairieCare needs to become top of mind for the consumer, as well as line staff in hospitals that do not have a psychiatric unit in their building. The outcome of implementing the following recommendations will be that PrairieCare is seen as the premier site for child and adolescent mental health treatment, resulting in parents requesting PrairieCare when inpatient or partial hospitalization is recommended by the emergency department. Recommendations set forth for internal branding are meant to be implemented immediately to strengthen the brand prior to the onboarding of at least 70 people to staff the inpatient hospital and partial hospital expansions planned for 2015. Recommendations for the marketing strategy are designed to be phased in over the six months, and to be taken into account in development of the 2015 marketing plan, which will include the launch of a 50-bed child adolescent psychiatric unit.

*Internal branding:*

For the purposes of this recommendation, internal branding includes the cultivation of the culture, the communication between leadership and staff, the evidence of fulfilling the mission, vision, and values of PrairieCare, and increased engagement of staff through the development of staff as brand ambassadors working in collaboration with outpatient providers. Currently there is not an internal communications function. Communications come in the form of a quarterly employee newsletter, weekly Monday Morning Memo's from each site director to their respective site, and monthly staff meetings held in each location where senior leadership discusses PrairieCare wide initiatives such as preparation for the Joint Commission Survey (resulting in national hospital accreditation). Employee satisfaction surveys that are conducted annually frequently site communication as a problem which needs to be addressed.

Research from the literature review and the ratings from the professional survey regarding perceptions of PrairieCare staff prompt the recommendation of a new leadership position to cultivate corporate culture through improving internal communications. Implementation and job duties for this role would have three primary phases. Phase one would call for the new position to be hired, titled Employee Relations Director or Corporate Communications Director, and would function side by side with Human Resources and Community Relations acting as a liaison between staff and leadership, as well as between staff and the community. The primary responsibility in phase one would be to unify messages across all PrairieCare platforms and initiatives to speak to the staff in one brand voice. Maintaining open dialogue to direct corporate culture to emulate the mission, vision, and values of the organization would be primary function of this role.



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This voice would speak to the success and efficacy of treatment providing company wide recognition to those living the mission, vision, and values, as well as thorough explanations of growth initiatives and staffing changes. The role would be responsible for determining, implementing, and maintaining multiple communication platforms to reach employees and increase engagement in two-way symmetrical communication with leadership. Utilization of tools such as corporate videos, social media closed groups, email, and face to face through an open door policy would be encouraged. This phase will consist of a communications audit, and implementation of communication strategies to address any gaps or concerns. Estimated time for this phase from research to implementation is three to six months.

As stated in the literature review section regarding employees and corporate reputation the power of the employee as a brand ambassador cannot be denied. Phase two in the plan to cultivate internal branding will begin in month four as implementation of communication strategies are taking place. This phase calls for the new director to increase engagement with key employees who are seen as communication stars and boundary spanners, identified both by line staff and leadership. Communication stars are defined as those leaders within each department or unit who have the respect of their peers, positive work record, and are able to relay messages in the voice of the organization. Boundary spanners are those employees who work across functions or locations that can provide consistent communication regarding the organization to multiple groups, therefore reinforcing the message of the communication stars, and the messaging from the corporate communications, while also being able to bring information from units or departments back to the communications director who will again continue to have a seat at the leadership table to bring forth concerns. Due to additional responsibilities and profile within the company, those performing in the function of

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communication stars and boundary spanners should receive recognition through a level change in their employment status, such as an upgrade to “Lead,” and an increase in pay and time off benefits commensurate with the new level as well as a mentoring relationship with the communications director for training purposes.

With the renewed understanding and examples provided of living the mission, vision and values the value of attentive collaboration will be highlighted. Building corporate reputation is dependent on people outside of PrairieCare forming opinions about the organization. Living the value of attentive collaboration is the perfect building block to a positive reputation. By utilizing communication stars and boundary spanners to also communicate with referents about treatment progress and discharge recommendations of shared patients/students PrairieCare is building a communication bridge to the professional mental health and education communities. Trust and understanding will be gained by the professional communities as they will have a first-hand account of the care provided within the walls at PrairieCare. Patients will also receive a more consistent hand off to outpatient services upon discharge, leading to lower rates of relapse and greater parent satisfaction.

Phase three of this plan will begin as communication stars and boundary spanners have gained confidence in additional responsibilities with communications. These staff members would be called on to add depth to conversations in the community and to social media through blogging. Community Relations is frequently called on to find speakers for awareness events, or to present to very clinical teams of professionals in mental health settings. Having direct care staff with first-hand knowledge of the functioning of the unit can help to build trust in the PrairieCare brand and can add a new layer of depth to the conversations about what sets PrairieCare apart from competitors. Communication stars and boundary spanners will also be

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called on to participate in social media and community awareness events as brand ambassadors which will be further discussed in the marketing recommendations.

### *B2B Recommendations*

PrairieCare has a successful track record in conducting business to business marketing. Through the community relations department it is expected that at least 2,160 professionals in the mental health community will have a face to face interaction with a community relations staff member in any given year. Professionals have an understanding of the services provided and how to access them. As reported in the professional survey, most professionals refer to other levels of care or specialties on a monthly basis. The power of relationship building among the professional community is strong and should not be sacrificed.

It is the recommendation to continue business to business marketing through branding strategies such as outdoor (billboard campaign), television ads (Comcast purchased DMA slots to run through the summer), face to face relationship building, as well as the PrairieCare Education Series. The PrairieCare Education Series is a professional training held monthly that community providers are invited to attend at a low cost to earn their continuing education credits for their licensure. This strategy falls under branding as it aligns with and reinforces the PrairieCare vision of “Transforming Psychiatric Care” as well as emphasizes our values of ethical care and attentive collaboration. Also in line with these values is the Clinical Education Program where PrairieCare clinicians are available to schools, counties, outpatient mental health providers, and the community at large for training about mental health and integrative medicine. This program should also continue, and should be expanded into trainings for parents and communities which will be discussed in detail regarding recommendations for marketing to consumers.

The community relations team has worked for seven years to establish relationships with outpatient providers and hospital emergency departments. These efforts have been highly effective in maintaining a full census and as a venue for feedback from the community back to the program staff. These activities should also remain in place fulfilling the role of public relations and marketing. The community relations team currently consists of one community relations supervisor and two community relations coordinators. With the geographical area to now cover with the recent addition of locations in Chaska and Rochester, and the planned expansion, the team should add at least one additional community relations coordinator so that community engagement and contacts can be maintained while the team also works to implement digital strategies.

As outlined in the content analysis, PrairieCare has a digital presence, but also has room for improvement. With the addition of one community relations coordinator, one team member should have at least half of their time per week dedicated to the cultivation of the digital presence, including website management, social media to include videos and blogs about PrairieCare services in a tone that can speak to professionals, and e-newsletters. As noted in the content analysis, the internet platform is used across the field to speak to both parents and professionals, recommendations for the marketing to parents will be discussed in the following section. Community relations should devote time to monitor google analytics, and social media tracking through low cost tools such as Hootsuite to watch for trends to enable the development of relevant content for the website, which will improve search engine optimization as well as further develop the social media footprint for PrairieCare. Utilizing trending topics is also an opportunity for PrairieCare community relations to steer communications and affect agenda setting. The goal would be to influence the tone of communication to gain awareness of positive

## Amplifying the Voice of PrairieCare Mental Health Services

initiatives happening around mental health and treatment. The community relations digital content manager will also bear the responsibility of cultivating relationships with the media through press releases and social media.

With extensive recommendations for business to business strategies, it seems difficult to also add in recommendations for direct to consumer marketing. Research gathered through this study is mixed as to the power that could be yielded through marketing to parents as potential future consumers, and there is a risk that adding strategies to target parents could dilute the messaging provided to professionals. There is also a risk in not targeting parents. With the change in health care reform and expectations for a more informed and connected consumer as well as increased access to care opening up options for families seeking care, PrairieCare may be missing an opportunity to lead the way in communicating and educating parents about the services provided in the mental health continuum of care.

### *B2C Recommendations*

PrairieCare currently has two programs under the community relations team that are targeted to parents and community members: OASIS (Osseo Area Source of Information and Support) and the Clinical Education Program. OASIS is a once a month education and support group that meets to hear a professional speaker on a mental health topic geared toward parenting concerns. Attendees are then invited to stay to share resources with each other or to seek advice from the professionals present, one of which is a PrairieCare community relations coordinator who co-facilitates the program with a an Osseo School District school social worker. The Clinical Education Program as previously referenced provides trainings on location to professionals in the community. This program with extra support for marketing could be expanded to provide education to child care professionals, employers, and parents, in addition to

## Amplifying the Voice of PrairieCare Mental Health Services

the mental health professionals that are already contracting for the trainings. These programs need more attention and marketing to build a bigger following and to act as a model for other school districts and communities to implement similar programming.

Building awareness campaigns outreach and educational events for parents and communities takes time and effort; time and effort that the community relations team does not have the staff to accommodate, and time and effort that can detract from clinical treatment provided in programming. Therefore it is this researcher's recommendation that PrairieCare develop a separate entity, The PrairieCares Mental Health Foundation, to provide a voice to parents and the community about mental health awareness and education on treatment resources available. The PrairieCares Mental Health Foundation will focus on outreach and relationship development with schools and community education programs as a conduit for connecting with parents. PrairieCare will continue with primarily B2B marketing while the foundation will cover communications targeted to parents for the purposes of awareness of symptoms of mental illness, wellness and balance as prevention strategies, youth prevention and resilience building programs, and education regarding the mental health continuum of care.

Development of the foundation will require initial investment from PrairieCare and a service agreement between PrairieCare programs and the foundation. In the agreement will be details regarding support in regards to technology, human resources, and administrative support as well as initial coverage of a salary for an Executive Director for the foundation. The Executive Director will be tasked with developing the strategic plan, mission, vision, values, as well as foundation by-laws. The Executive Director will conduct initial research to ensure that the MVV will compliment PrairieCare programming while also filling a gap among mental health foundations, and will function to provide a natural alignment to leverage relationships

### Amplifying the Voice of PrairieCare Mental Health Services

with advocacy groups such as NAMI-MN. The Executive Director will report to a board and recruitment will be an initial joint effort between PrairieCare leadership and the Foundation Executive Director.

In the first 6 months of operations the PrairieCares Mental Health Foundation will develop its own website and social media presence that will be targeted to parents and will have a link from the PrairieCare website to the foundation site. Social media platforms will include Facebook, Twitter, and blogs written by volunteer clinicians (from PrairieCare and potentially other mental health organizations with specialties outside the scope of PrairieCare) speaking to parents about red flags for further evaluation by a mental health professional, as well as tips for parenting, wellness, and resilience building which will be shared through social media channels. Instructional videos will be implemented on topics such as how to talk to your kids about depression, signs and symptoms per mental illness, and information about levels of care and when to seek them out.

Messaging to parents through blogs as well as the foundation website will focus on increasing parents' assessment of self-efficacy, which per the EPPM leads to behavior change. As reported in the literature review regarding agenda setting, the use of fear appeals, and cognitive dissonance parents are provided with scary messages about mental illness. There are messages in the media, on television programs, the internet and more that are providing messages that mental illness is something to fear. These messages perpetuate stigma without providing solutions to address mental illness so that it is no longer a public health concern. The reality is that mental illness is quite prevalent, even in the youth population and parents have a right to knowledge needed to meet the needs of their children.

## Amplifying the Voice of PrairieCare Mental Health Services

Establishing PrairieCares Mental Health Foundation as a non-profit 501©3 will also open up the option of applying for other foundation, federal, and state grants to further research best practices, raise awareness, and to implement in home programming for those whose insurance won't cover this level of care upon discharge from an inpatient unit. This addition of direct care could be staffed through PrairieCares Mental Health Foundation working with interns or through contracting with other mental health entities to cover the cost of the care to reduce relapse rates and provide a thorough continuity of care.

### **Conclusion:**

PrairieCare is a growing organization with growing communication needs. The function of internal communications has been segmented through departments and can be strengthened through the development of a leadership role to nurture the culture and to relay stories demonstrating the mission, vision and values. This can strengthen community relations as it strengthens staff engagement in communications, in programming, and connecting with outpatient providers through collaboration of care.

The data is also conclusive that PrairieCare should continue with business to business strategies in relationship building. The number of professionals verifying their referral behaviors through the survey plays a crucial role in the future success of PrairieCare. PrairieCare also puts significant time, energy, and funding into professional development as a resource to the professionals in the community. This is in line with the vision of "Transforming Psychiatric Care" and should be continued and expanded as the budget allows.

Business to Business marketing cannot be neglected, but this leaves little space for communication to parents. Programming and communication strategies toward parents are difficult to schedule, fund, and staff. Assumptions can be made that support is needed with little



dispute, but support in a way that is not reaching the target population is a waste of time and money that could be diverted to other programs.

PrairieCare has an opportunity to speak to the parent, the future consumer to help with early identification of mental health needs. With early intervention, fewer children and adolescents will have a need for acute care, meaning there will be more availability for those who truly need it. When in an acute mental health crisis families should not have to travel out of their community under stress and fear for their child to get help.

*Recommendation Highlights:*

Problem: Employees play a key role in connecting with parents and professionals but employees are not being cultivated as a means of building corporate reputation.

- Hire a leadership level internal communications director to cultivate culture
- Develop brand ambassadors through work with communication stars and boundary spanners.

Problem: A small community relations team has limited time to devote to digital presence and content development for PrairieCare, limiting the impact of the website and social platforms.

- Hire additional Community Relations staff to focus at least half of a full time position on monitoring trends and content development to improve search engine optimization and engagement through social media.

Problem: PrairieCare is missing an opportunity and potentially perpetuating stigma by not speaking directly to the parent consumer of mental health services.

## Amplifying the Voice of PrairieCare Mental Health Services

- Establish PrairieCares Mental Health Foundation to provide education and awareness messaging to parent and community audiences.

In taking on the risk of developing a foundation and speaking directly to consumers, PrairieCare is positioned expand their mission to not only provide each individual patient the psychiatric care they truly need, but also to provide the community with the education they need to better care for their children. Through development of a foundation with a messaging developed to parents, PrairieCare will have increased leverage for using their connection to the Make It Ok campaign. Support of this national campaign that is also supported by other health systems and advocacy groups can amplify the message of the campaign, while also bringing new attention to PrairieCare. This support and strategic planning for the launch of the foundation can also strengthen ties that PrairieCare has to non-profits in the community by filling gaps, and complimenting work that is already being done.

An integrated communications approach needs to encompass “inside-out” brand building, first through internal messaging, to amplify the connection to parents and professionals, then through building on the already successful business to business efforts. The increased number of “PrairieCare Brand Ambassadors” will provide more touching points through which for PrairieCare to connect with professionals and families. The voice of PrairieCare will be heard through personal interactions as well as through an improved internet presence with the focus on digital strategies. While the work of the foundation can bring increased name recognition and influence around the issue of mental health awareness, access to treatment, and the alleviation of stigma. This integrated communications vision will demonstrate the overall vision of PrairieCare to “Transform Psychiatric Healthcare.”

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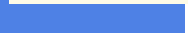
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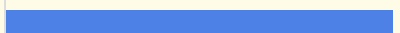




## Appendix A: Professional Survey

**1. Please select the option that best describes the setting where you provide mental health services:**

#	Answer		Response	%
1	Private Practice, Outpatient Office Setting		29	29%
2	Non Profit Mental Health Clinic		6	6%
3	For Profit Mental Health Clinic		19	19%
4	Health Care Setting, Mental Health Department		6	6%
5	In Home		2	2%
6	In School Setting		39	39%
	Total		101	100%

Statistic	Value
Min Value	1
Max Value	6
Mean	3.62
Variance	4.48
Standard Deviation	2.12
Total Responses	101

**2. What strategies do you use to promote your services? Please select all that apply:**

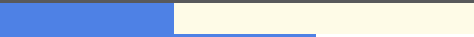









#	Answer		Response	%
1	Website		74	77%
2	Social Media		35	36%
3	Word of Mouth - from family or friends		78	81%
4	Networking with Professionals		81	84%
5	Paid advertising (print, billboards, radio, tv)		12	13%
6	Newsletters or flyers (through email or mail)		23	24%
7	Sponsorships (community events, awareness campaigns)		21	22%

Statistic	Value
Min Value	1
Max Value	7
Total Responses	96

## Amplifying the Voice of PrairieCare Mental Health Services

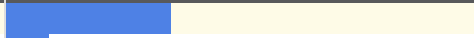
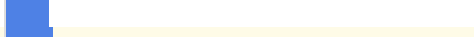




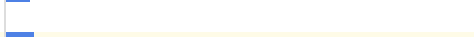


## Appendix A Cont.

**3. Please select the three diagnosis you work with most frequently:**

#	Answer		Response	%
1	ADHD		37	37%
2	Depression		67	66%
3	Anxiety		87	86%
4	Bipolar Disorder		2	2%
5	Autism Spectrum Disorders		16	16%
6	PTSD		21	21%
7	Adjustment Disorder		31	31%
8	Mood Disorder		18	18%
9	Personality Disorders		20	20%
10	Schizophrenia or Thought Disorders		3	3%

Statistic	Value
Min Value	1
Max Value	10
Total Responses	101

**4. Who do your clients report most commonly as the referral source when starting your services?**

#	Answer		Response	%
1	School staff		35	35%
2	Doctor/Pediatrician		9	9%
3	Social Worker		10	10%
4	Internet Search		14	14%
5	Family or Friend		14	14%
6	Assessment Worker such as Emergency Department Assessor		5	5%
7	Insurance Panel Referral		6	6%
8	Found you through paid media (print, billboard, radio, or tv)		1	1%
9	Other		7	7%
	Total		101	100%






Statistic	Value
Min Value	1
Max Value	9
Mean	3.49
Variance	6.13
Standard Deviation	2.48
Total Responses	101



## Amplifying the Voice of PrairieCare Mental Health Services

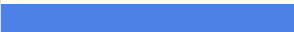


## Appendix A Cont.

**5. Please select the option that most accurately describes the population you work with:**

#	Answer		Response	%
1	Children		14	14%
2	Adolescents		21	21%
3	Children and Adolescents		15	15%
4	Adults only		27	27%
5	All Ages		24	24%
	Total		101	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	3.26
Variance	1.93
Standard Deviation	1.39
Total Responses	101

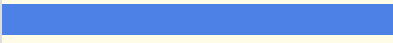

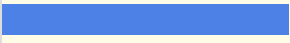
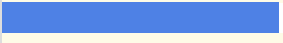
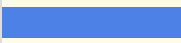

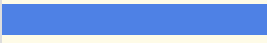

**6. In your professional opinion do you think that most clients would benefit from earlier intervention?**

#	Answer		Response	%
1	Yes, I see a trend in people waiting too long to seek support		61	62%
2	No, people seem to come in when appropriate seeking support		4	4%
3	Sometimes earlier intervention would be more effective		33	34%
	Total		98	100%

Statistic	Value
Min Value	1
Max Value	3
Mean	1.71
Variance	0.89
Standard Deviation	0.94
Total Responses	98

## Amplifying the Voice of PrairieCare Mental Health Services

## Appendix A Cont.

7. What do clients report as concerns when starting mental health treatment? Please select all that apply:				
#	Answer		Response	%
1	Cost and/or insurance coverage		81	83%
2	Fear of Judgement		63	64%
3	Fear that nothing will work to improve symptoms		59	60%
4	Hopelessness		57	58%
5	Concern about privacy, people finding out they are in therapy/treatment		37	38%
6	Distrust of mental health care system		32	33%
7	Concern that medications might be needed, not wanting medication		55	56%
8	How long will treatment be needed? Concerns about time commitment		32	33%

Statistic	Value
Min Value	1
Max Value	8
Total Responses	98

## Amplifying the Voice of PrairieCare Mental Health Services

## Appendix A Cont.

**8. Of the choices below please rank in order the most commonly reported chief complaint when someone seeks out your service: 1= Most frequently stated of the options, 10= Least frequently stated of the options.**

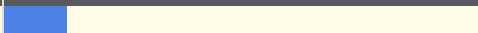
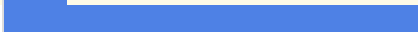
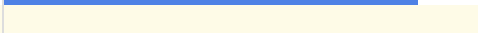
#	Answer	1	2	3	4	5	6	7	8	9	10	Total Responses
1	Aggression or anger outbursts	7	9	6	6	9	8	12	8	9	11	85
2	Change in ability to cope with daily responsibilities	5	2	12	18	4	8	7	7	10	9	82
3	Concern about eating and sleeping patterns	2	7	4	10	10	11	6	9	15	10	84
4	Difficulty concentrating	4	3	8	7	18	5	16	11	6	3	81
5	Excessive worry or anxiety	21	21	9	5	6	5	2	4	4	8	85
6	Frequent crying, sad mood	8	17	12	8	7	7	10	7	6	7	89
7	Has a hard time with boundaries in work/school setting and/or in relationships	3	5	8	6	9	17	11	15	7	8	89
8	Mood Swings	5	8	13	16	11	8	11	8	9	5	94
9	Conflict in relationships	15	11	12	10	6	12	9	11	5	3	94
10	Use of alcohol, tobacco, or other drugs	15	5	5	5	8	6	10	9	13	21	97
	Total	85	88	89	91	88	87	94	89	84	85	-

## Amplifying the Voice of PrairieCare Mental Health Services

## Appendix A Cont.

Statistic	Aggression or anger outbursts	Change in ability to cope with daily responsibilities	Concern about eating and sleeping patterns	Difficulty concentrating	Excessive worry or anxiety	Frequent crying, sad mood	Has a hard time with boundaries in work/school setting and/or in relationships	Mood Swings	Conflict in relationships	Use of alcohol, tobacco, or other drugs
Min Value	1	1	1	1	1	1	1	1	1	1
Max Value	10	10	10	10	10	10	10	10	10	10
Mean	5.87	5.73	6.35	5.75	3.91	4.91	6.16	5.31	4.69	6.24
Variance	8.40	7.46	6.93	5.29	9.25	8.15	5.91	6.50	7.42	10.64
Standard Deviation	2.90	2.73	2.63	2.30	3.04	2.85	2.43	2.55	2.72	3.26
Total Responses	85	82	84	81	85	89	89	94	94	97

**9. In your professional opinion are people able to find the appropriate services for their mental health needs?**







#	Answer		Response	%
1	Yes		13	13%
2	Sometimes		85	87%
3	No		0	0%
	Total		98	100%

Statistic	Value
Min Value	1
Max Value	2
Mean	1.87
Variance	0.12
Standard Deviation	0.34
Total Responses	98

## Amplifying the Voice of PrairieCare Mental Health Services



## Appendix A Cont.

**10. How often do you refer to other professionals? Such as a referral to a higher level of care, or transfer to another provider due to specialty services needed.**

#	Answer		Response	%
1	Never		0	0%
2	Less than Once a Month		22	22%
3	Once a Month		25	25%
4	2-3 Times a Month		33	33%
5	Once a Week		10	10%
6	2-3 Times a Week		6	6%
7	Daily		3	3%
	Total		99	100%

Statistic	Value
Min Value	2
Max Value	7
Mean	3.62
Variance	1.63
Standard Deviation	1.28
Total Responses	99


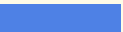

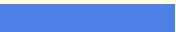




**11. In your professional opinion do you think that stigma around mental illness is a barrier in accessing mental health care?**

#	Answer		Response	%
1	Yes		90	92%
2	No		8	8%
	Total		98	100%

Statistic	Value
Min Value	1
Max Value	2
Mean	1.08
Variance	0.08
Standard Deviation	0.28
Total Responses	98

## Amplifying the Voice of PrairieCare Mental Health Services

## Appendix A Cont.

12. How did you learn about PrairieCare Services?				
#	Answer		Response	%
1	Website		3	3%
2	Social Media		0	0%
3	Meeting with Community Relations Staff		25	26%
4	Sponsored Events in the community		12	12%
5	Professional Network		36	37%
6	Newsletter		0	0%
7	I know someone who works there		13	13%
8	I know someone who has received care there		6	6%
9	Advertising (magazine, billboard, radio, tv)		1	1%
10	I don't know about the services offered at PrairieCare		2	2%
	Total		98	100%

Statistic	Value
Min Value	1
Max Value	10
Mean	4.84
Variance	3.40
Standard Deviation	1.84
Total Responses	98

13. How would you rate the quality of the following at PrairieCare? With 1 star being poor and 5 stars being excellent.						
#	Answer	Min Value	Max Value	Average Value	Standard Deviation	Responses
1	Knowledge and compassion of staff	1.00	5.00	3.83	0.83	78
2	Collaboration with outpatient providers	1.00	5.00	3.38	1.25	79
3	Accessibility of services	1.00	5.00	3.90	0.98	80

## Amplifying the Voice of PrairieCare Mental Health Services

## Appendix A Cont.

14. Have you referred to PrairieCare?				
#	Answer		Response	%
1	Yes		79	81%
2	No		19	19%
	Total		98	100%

Statistic	Value
Min Value	1
Max Value	2
Mean	1.19
Variance	0.16
Standard Deviation	0.40
Total Responses	98

15. Experiences I have had with PrairieCare staff will lead me to:Please select all that apply.				
#	Answer		Response	%
1	Refer any clients in need of intensive services.		55	71%
2	Research PrairieCare services further, either through website or phone call to staff.		35	45%
3	Follow them on social media to stay up to date on program and professional education offerings.		23	30%
4	Check for job openings at PrairieCare, it seems like a great place to work.		7	9%
5	Contact Community Relations with questions.		21	27%
6	Contact Community Relations with concerns.		12	16%

Statistic	Value
Min Value	1
Max Value	6
Total Responses	77

## Appendix B: IRB approved Informed Consent Information Form

## Informed Consent Information Form

Hello, my name is Jen Holper and I am a graduate student at the University of Minnesota. I am seeking a Master's Degree in Strategic Communication. Part of my program requirements is the completion of a Capstone Project. The topic of my Capstone is "Overcoming Stereotypes to Build Awareness and Advertise Stigmatized Services". I am seeking ways to increase the understanding of and access to mental health services for youth.

My research includes a survey of parents, professionals, and also face to face interviews with parents. All research is aimed at learning more about perceptions of mental illness, treatment, and concerns parents have that would lead to seeking help. There is no reward, or compensation for participation in surveys, or interviews, and participation is completely voluntary. While it is the hope of this researcher that the project will result in programs to build awareness and decrease stigma around mental illness, there are no immediate benefits for participants in this study.

Due to the topic of mental health respondents of the survey and the interview participants may feel some emotional discomfort, depending on their pre-existing knowledge and comfort with the topic of mental illness. Participation in the survey and interviews are voluntary and the participant can withdraw from the study at any time without penalty. The identity of all participants in the survey will be anonymous. Participants will click the URL below to participate in the survey – where each question is voluntary and no identifying information is sought.

Participants of the survey are asked to answer 26 questions regarding mental health, and seeking support when concerns for their own children may arise. It is expected that the survey will not take more than 10 minutes to complete.

Participants in interviews will click a separate URL to grant permission to this researcher to contact them. Through clicking the interview URL and providing contact information the participant is agreeing to have Jen Holper contact them for the purposes of scheduling an interview. The interview will take place in person at an agreed upon time at a Hennepin County Library Branch with a private conference room. Interviews are scheduled to last no longer than 30 minutes. Jen Holper will be the only researcher involved and personal information will not be documented in note-taking, or analysis of the data gathered. All contact information will be destroyed upon completion of the interview. There is no compensation or reward for participation in the interview, aside from the gratitude of this researcher.

All study participants are thanked for their time and assistance in getting this graduate student one step closer to completion of her Capstone Project.

[Click here to participate in the Parent Survey](#)

[Click here to provide contact information to participate in parent interviews](#)



## Appendix C: Parent Survey and Results

**1. For the purpose of this survey mental health issues are defined as symptoms of mental illness, such as sadness, anxiety, excessive worry, mood swings, etc., that affect a person's ability to function to their fullest ability in daily life activities like work, school, relationships, and self-care. How many people in the general population of the United States do you think will be affected by Mental Health Issues at some point in their lifetime?**

#	Answer		Response	%
1	1 out of 10		2	3%
2	1 out of 6		26	43%
3	1 out of 4		33	54%
	Total		61	100%

Statistic	Value
Min Value	1
Max Value	3
Mean	2.51
Variance	0.32
Standard Deviation	0.57
Total Responses	61

**2. As a parent, do you feel confident to address any mental health needs your child may have?**

#	Answer		Response	%
1	Yes		40	66%
2	Maybe, it depends on the situation		20	33%
3	No		1	2%
	Total		61	100%

Statistic	Value
Min Value	1
Max Value	3
Mean	1.36
Variance	0.27
Standard Deviation	0.52
Total Responses	61

**3. How many children and teens (ages 5-18) do you think are affected by mental health issues?**

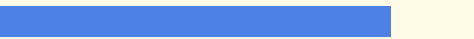




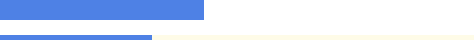
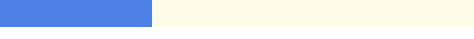



#	Answer		Response	%
1	1 out of 20 affected		4	7%
2	1 out of 10 affected		30	49%
3	1 out of 5 affected		27	44%
	Total		61	100%

## Amplifying the Voice of PrairieCare Mental Health Services

## Appendix C Cont.

Statistic	Value
Min Value	1
Max Value	3
Mean	2.38
Variance	0.37
Standard Deviation	0.61
Total Responses	61

**4. Of the following mental illnesses please check all that you have a comfortable understanding of: Please select all that apply.**

#	Answer		Response	%
1	ADHD (Attention Deficit Hyperactivity Disorder)		46	82%
2	Depression		48	86%
3	Anxiety		50	89%
4	Bipolar Disorder		27	48%
5	Autism		35	63%
6	PTSD (Post Traumatic Stress Disorder)		24	43%
7	Schizophrenia		18	32%
8	Personality Disorders (Borderline, Narcissism, Histrionic)		17	30%
9	OCD (Obsessive Compulsive Disorder)		40	71%
10	Chemical Dependency		42	75%

Statistic	Value
Min Value	1
Max Value	10
Total Responses	56

## Amplifying the Voice of PrairieCare Mental Health Services

## Appendix C Cont.

**5. Of the following mental illnesses please check all that you believe can affect youth ages 5-18: Please select all that apply.**

#	Answer		Response	%
1	ADHD (Attention Deficit Hyperactivity Disorder)		58	95%
2	Depression		59	97%
3	Anxiety		58	95%
4	Bipolar Disorder		51	84%
5	Autism		58	95%
6	PTSD (Post Traumatic Stress Disorder)		52	85%
7	Schizophrenia		37	61%
8	Personality Disorders (Borderline, Narcissism, Histrionic)		38	62%
9	OCD (Obsessive Compulsive Disorder)		57	93%
10	Chemical Dependency		51	84%

Statistic	Value
Min Value	1
Max Value	10
Total Responses	61

**6. As a parent do you feel comfortable asking questions about the following mental illnesses? Please select all that apply**

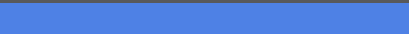


#	Answer		Response	%
1	ADHD (Attention Deficit Hyperactivity Disorder)		56	95%
2	Depression		56	95%
3	Anxiety		58	98%
4	Bipolar Disorder		41	69%
5	Autism		54	92%
6	PTSD (Post Traumatic Stress Disorder)		42	71%
7	Schizophrenia		37	63%
8	Personality Disorders (Borderline, Narcissism, Histrionic)		42	71%
9	OCD (Obsessive Compulsive Disorder)		52	88%
10	Chemical Dependency		50	85%

Statistic	Value
Min Value	1
Max Value	10
Total Responses	59

## Amplifying the Voice of PrairieCare Mental Health Services

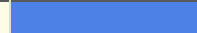

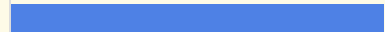



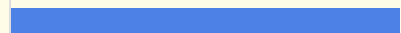



## Appendix C Cont.

**7. As a parent do you feel comfortable asking your child's pediatrician, teachers, or other caring adults about mental health concerns?**

#	Answer		Response	%
1	Yes		53	87%
2	Maybe, it depends on the situation		7	11%
3	No		1	2%
	Total		61	100%

Statistic	Value
Min Value	1
Max Value	3
Mean	1.15
Variance	0.16
Standard Deviation	0.40
Total Responses	61

**8. Which of the following behaviors would cause you to be concerned about your child's (ages 5-11) health and development: Please select all that apply.**

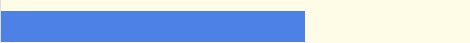
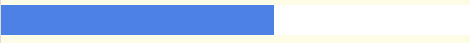
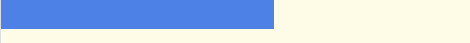




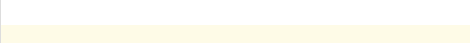
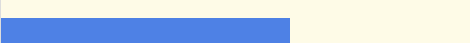

#	Answer		Response	%
1	Temper Tantrums		24	40%
2	Aggression		48	80%
3	Change in grades or behavior at school		47	78%
4	Change in sleep and/or eating patterns		42	70%
5	Difficulty concentrating		41	68%
6	Difficulty following directions		39	65%
7	Frequent crying, sad mood		49	82%
8	Has a hard time accepting limits, following rules at home and/or school		40	67%
9	Use of tobacco, alcohol, or other drugs		47	78%
11	I don't have children in this age group		9	15%

Statistic	Value
Min Value	1
Max Value	11
Total Responses	60

## Amplifying the Voice of PrairieCare Mental Health Services

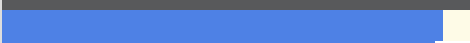







## Appendix C Cont.

**9. Which of the following behaviors would cause you to be concerned about your teen's (ages 12-18) health and development: Please select all that apply**

#	Answer		Response	%
1	Change in grades or behavior at school		39	64%
2	Aggression		35	57%
3	Change in sleep and/or eating patterns		35	57%
4	Difficulty concentrating		32	52%
5	Excessive worry		36	59%
6	Increase in fights (verbal arguments, conflict, or disobeying rules) with family and/or friends		34	56%
7	Spending more time alone, not joining in activities with family and/or friends		37	61%
8	Mood swings		29	48%
9	Use of tobacco, alcohol, or other drugs		39	64%
11	I don't have children in this age group		22	36%

Statistic	Value
Min Value	1
Max Value	11
Total Responses	61

**10. Of the following, do you understand or are you familiar with the following levels of mental health treatment options: Please select all that apply.**

#	Answer		Response	%
1	Outpatient Therapy		50	93%
2	Medication Management		49	91%
3	Psychological Testing		41	76%
4	In Home Case Management or Skills Training		24	44%
5	Day Treatment		28	52%
6	Partial Hospitalization Programs		26	48%
7	Inpatient Hospitalization		38	70%
8	Residential Treatment		29	54%

## Amplifying the Voice of PrairieCare Mental Health Services

## Appendix C Cont.

Statistic	Value
Min Value	1
Max Value	8
Total Responses	54

**11. Of the following mental health treatment options which do you know how to access: Please select all that apply.**

#	Answer	Response	%
1	Outpatient Therapy	40	82%
2	Medication Management	44	90%
3	Psychological Testing	37	76%
4	In Home Case Management or Skills Training	14	29%
5	Day Treatment	18	37%
6	Partial Hospitalization	18	37%
7	Inpatient Hospitalization	23	47%
8	Residential Treatment	17	35%

Statistic	Value
Min Value	1
Max Value	8
Total Responses	49

**12. Of the following choices, what comes to mind if you are faced with concerns about the mental health of your child? Please select all that apply**

#	Answer	Response	%
1	I know that mental illness is treatable and we will get the help we need	48	81%
2	We will handle this as a family	22	37%
3	I know who to call for support and if needed advise	31	53%
4	I don't know what I would do	2	3%
5	Fear that my parenting will be judged	15	25%
6	Concern about what others would think	14	24%
7	Denial, not wanting to admit how serious the concerns might be	8	14%
8	Concern about how effective treatment is	31	53%
9	Worry that I can't handle this	14	24%
10	None of the above	0	0%

## Amplifying the Voice of PrairieCare Mental Health Services

## Appendix C Cont.

Statistic	Value
Min Value	1
Max Value	9
Total Responses	59

**13. If you had concerns about your child's health and development, how long would you wait before seeking advice from a professional such as a doctor, school social worker, or mental health professional?**

#	Answer	Response	%
1	up to 2 weeks	8	13%
2	up to 1 month	13	21%
3	up to 2 months or more	2	3%
4	It depends	38	62%
5	I would not seek advice, we would deal with concerns in the family	0	0%
	Total	61	100%

Statistic	Value
Min Value	1
Max Value	4
Mean	3.15
Variance	1.36
Standard Deviation	1.17
Total Responses	61

**14. Please rank the trustworthiness of the following resources if you were seeking information about mental health concerns: With 1 being most trusted source, and 7 being least trusted among those listed.**

#	Answer	1	2	3	4	5	6	7	Total Responses
1	Parent Blog	1	3	6	7	15	11	5	48
2	Blog written by a mental health professional	2	9	19	13	1	2	0	46
3	Mental Health Advocacy Group Website/Resource Guide	14	16	10	3	0	1	1	45
4	Web MD	5	6	8	17	11	3	1	51
5	Search Engine such as Google, or Bing	1	1	6	5	16	24	1	54
6	Mental Health Clinic Website	24	18	3	6	2	2	1	56
7	Social Media such as Facebook, Twitter, and Linked In	2	2	2	2	4	7	39	58
	Total	49	55	54	53	49	50	48	-

## Amplifying the Voice of PrairieCare Mental Health Services

## Appendix C Cont.

Statistic	Parent Blog	Blog written by a mental health professional	Mental Health Advocacy Group Website/Resource Guide	Web MD	Search Engine such as Google, or Bing	Mental Health Clinic Website	Social Media such as Facebook, Twitter, and Linked In
Min Value	1	1	1	1	1	1	1
Max Value	7	6	7	7	7	7	7
Mean	4.77	3.17	2.24	3.71	5.04	2.18	6.12
Variance	2.18	1.12	1.69	2.09	1.55	2.26	2.63
Standard Deviation	1.48	1.06	1.30	1.45	1.24	1.50	1.62
Total Responses	48	46	45	51	54	56	58

**15. Please rank the trustworthiness of the following, if you had concerns about your child's health or development: With 1 being most trusted source, and 8 being least trusted among those listed.**

#	Answer	1	2	3	4	5	6	7	8	Total Responses
1	Child's other parent or step parent	22	3	6	6	6	2	2	0	47
2	Family member such as your parent or your adult sibling	1	10	6	8	4	15	4	1	49
3	Friend	1	2	5	8	7	9	19	3	54
4	School Teacher	0	0	8	9	16	8	9	1	51
5	School Counselor/Nurse or Social Worker	0	6	10	13	7	9	6	1	52
6	Pediatrician	5	21	11	7	4	2	1	2	53
7	Mental Health Professional/Therapist	25	15	8	3	1	1	3	2	58
8	Internet	1	1	1	1	6	1	8	39	58
	Total	55	58	55	55	51	47	52	49	-



## Amplifying the Voice of PrairieCare Mental Health Services

## Appendix C Cont.

Statistic	Child's other parent or step parent	Family member such as your parent or your adult sibling	Friend	School Teacher	School Counselor/Nurse or Social Worker	Pediatrician	Mental Health Professional/Therapist	Internet
Min Value	1	1	1	3	2	1	1	1
Max Value	7	8	8	8	8	8	8	8
Mean	2.68	4.43	5.52	5.08	4.48	3.08	2.40	7.14
Variance	3.61	3.38	3.01	1.87	2.65	2.84	3.65	2.61
Standard Deviation	1.90	1.84	1.73	1.37	1.63	1.69	1.91	1.62
Total Responses	47	49	54	51	52	53	58	58

## Amplifying the Voice of PrairieCare Mental Health Services

## Appendix C Cont.

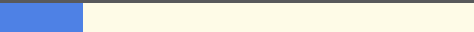
**16. What three words come to mind when you hear: Mentally Ill, or Mental Illness?**

Text Response
Not really sure...
Anxiety, struggle, stress
Do not judge
Chronic, shame, difficult
Difficult, Concern, treatable
support counseling social stigma
worry, concern, stigmatized
stigma misunderstood help
sad, hurt, compassion
Personal Challenging Difficult
unfortunate, challenged, fringe
Depression, anxiety, fear
difficult, unpredictable, medication
Struggle, patience, concern
Medical Conditin, Concern, treatment,
intervention, help, resources
people needing help
uncertainty, struggles, worry
Anxiety, Psychologist, Medication
common, unhealthy, services
Concern Worry Difficult
stigma, help, sick
Genetics, Treatment, Depression
Stigma, therapy, support
depression, manic, neurotic
sadness, life-long, lonely
support, advocacy, education
Help, depression, suicide
lonely, sick, scared
imbalance crazy sad
Antiquated, stigmatized, concerting
Concern, sadness, fear
Depression, behavior, stigma
Treatment, medication, diagnosis
coping depressed crazy
Bipolar, Depression, Paranoia
definition, services and financial
Treatment, illness, fear
Look for help
This will take a toll on the family, fear, overwhelming
stigma, common, fear
treatable, get help
Struggle, challenge, difficult



Statistic	Value
Total Responses	43

## Amplifying the Voice of PrairieCare Mental Health Services

## Appendix C Cont.

17. What is your gender?				
#	Answer		Response	%
1	Male		10	18%
2	Female		46	82%
	Total		56	100%

Statistic	Value
Min Value	1
Max Value	2
Mean	1.82
Variance	0.15
Standard Deviation	0.39
Total Responses	56





18. What is your age?				
#	Answer		Response	%
1	20-30		0	0%
2	31-45		48	81%
3	46-60		11	19%
4	60 and over		0	0%
	Total		59	100%

Statistic	Value
Min Value	2
Max Value	3
Mean	2.19
Variance	0.15
Standard Deviation	0.39
Total Responses	59

## Amplifying the Voice of PrairieCare Mental Health Services





## Appendix C Cont.

**19. Which of the following best describes your household?**

#	Answer		Response	%
1	Single parent household, mother led		1	2%
2	Single parent household, father led		0	0%
3	Two Parent Household - bio/adoptive parents are married		53	90%
4	Divorced parents, no step parents involved		2	3%
5	Divorced parents, step parent(s) involved		3	5%
6	Grandparent raising grandchild		0	0%
7	Aunt or Uncle raising child		0	0%
8	Foster Parent		0	0%
	Total		59	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	3.10
Variance	0.30
Standard Deviation	0.55
Total Responses	59

**20. What is your annual household income?**

#	Answer		Response	%
1	Under \$30,000		0	0%
2	\$30,000 - \$50,000		3	5%
3	\$50,001 - \$75,000		5	8%
4	\$75,001 - \$100,000		9	15%
5	Over \$100,000		42	71%
	Total		59	100%

Statistic	Value
Min Value	2
Max Value	5
Mean	4.53
Variance	0.74
Standard Deviation	0.86
Total Responses	59

## Amplifying the Voice of PrairieCare Mental Health Services

## Appendix C Cont.

**21. What is the highest level of education you completed?**

#	Answer		Response	%
1	Some High School		0	0%
2	GED		0	0%
3	High School Diploma		1	2%
4	Some College		8	14%
5	Bachelor Degree		29	49%
6	Some Graduate School		9	15%
7	Master's Degree		9	15%
8	Some Doctoral Programming		0	0%
9	Doctoral Degree		3	5%
	Total		59	100%

Statistic	Value
Min Value	3
Max Value	9
Mean	5.49
Variance	1.56
Standard Deviation	1.25
Total Responses	59

**22. What best describes your work status?**

#	Answer		Response	%
1	Stay at home parent		3	5%
2	Seeking employment		0	0%
3	Working Part Time		7	12%
4	Full Time work, with flexibility		38	64%
5	Full Time work with little to no flexibility		11	19%
	Total		59	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	3.92
Variance	0.77
Standard Deviation	0.88
Total Responses	59

## Appendix D: Parent responses coding sheet

	Positive	Negative	Neutral
Not really sure...		X	
Anxiety, struggle, stress		X	
Do not judge		X	
Chronic, shame, difficult		X	
Difficult, Concern, treatable		X	
support counseling social stigma	X		
worry, concern, stigmatized		X	
stigma misunderstood help		X	
sad, hurt, compassion		X	
Personal Challenging Difficult		X	
unfortunate, challenged, fringe		X	
Depression, anxiety, fear			X
difficult, unpredictable, medication		X	
Struggle, patience, concern	X		
Medical Conditin, Concern, treatment,	X		
intervention, help, resources	X		
people needing help	X		
uncertainty, struggles, worry		X	
Anxiety, Psychologist, Medication			X
common, unhealthy, services	X		
Concern Worry Difficult		X	
stigma, help, sick		X	
Genetics, Treatment, Depression			X
Stigma, therapy, support	X		
depression, manic, neurotic		X	
sadness, life-long, lonely		X	
support, advocacy, education	X		
Help, depression, suicide			X
lonely, sick, scared		X	

## Amplifying the Voice of PrairieCare Mental Health Services

<b>Appendix D Cont.</b>	<b>Positive</b>	<b>Negative</b>	<b>Neutral</b>
<b>imbalance crazy sad</b>		X	
<b>Antiquated, stigmatized, concerting</b>		X	
<b>Concern, sadness, fear</b>		X	
<b>Depression, behavior, stigma</b>		X	
<b>Treatment, medication, diagnosis</b>	X		
<b>coping depressed crazy</b>			X
<b>Bipolar, Depression, Paranoia</b>			X
<b>definition, services and financial</b>		X	
<b>Treatment, illness, fear</b>			X
<b>Look for help</b>	X		
<b>This will take a toll on the family, fear, overwhelming</b>		X	
<b>stigma, common, fear</b>		X	
<b>treatable, get help</b>	X		
<b>Struggle, challenge, difficult</b>		X	
<b>TOTAL</b>	11	25	7

## Appendix E: Interview Transcript

**Bold indicates Interviewer voice**

## Interview 1

# of children – 2

Ages: 9 and 5

Household composition – 2 parent hh, both work full time

**Thank you for coming today. Before we get into my questions, do you have any comments or questions about the topic of mental health and youth?**

**As you may or may not know, parents are a prime audience for mental health providers to reach out to. Lifetime prevalence of mental illness is around 25% of the population at some point in their life will have diagnosable mental health symptoms. We also know that half of all cases of mental illness, symptoms onset before the age of 14.**

**As a graduate student in Strategic Communications, I am looking for information on how to help people better understand mental health, and treatment options so that families feel supported and comfortable in seeking help if they need it.**

**Let's start by talking about family – Tell me what you enjoy doing together?**

Traveling, um visiting other, like extended family, movies, watching movies together and sporting events.

**What values do you work to teach or demonstrate in your family?**

Personal responsibility, uh, good decision making, um, I don't... probably education I don't know if that's too broad, and family, the strength, importance of family

**As a parent, what are your strengths?**

Um, I think I Try to relate to my kids at their level, at the same time but at the same time I don't speak down to them. I think I'm Also fun, they don't always think I'm fun, but I think I'm fun. I think I'm structure. I provide structure and expect a certain amount of compliance with that structure.

**As a parent where do you struggle?**

Um, I think I I have bit of a soft spot for my boys you know, I think I, yeah, I think i can have a soft spot for them if they are struggling emotionally, I think it's easy to set the rational piece aside, maybe cater to them a bit too much



## Appendix E Cont.

When you say cater what kind of things do you think – maybe, not enforce consequences as much as I should,

**As a parent kind of hitting on that soft spot, how do you cope when you see your children struggling – this could be when they are sick, injured, or frustrated?**

Usually discuss with husband, what do you think is going on, have you seen the same thing. Try to figure out if it's just something like a dynamic between the two of us or is it something he has also observed and then get his take on what do you think we should do. Usually I'll turn to him first, um and then usually after that we'll kind of circle back and have a discussion with one of my kids about you know, here's what we think is going on, is this true is this not true, and here's what we need to do differently,

So first planning as a team, a united front as parents what are we seeing what are we agreeing is the cause, issue or frustration then going to the kids and talking one to one – yep. And we'll ask them, like do you think this, this is what mom and dad think is this what you think is this what's happening or is it something else.

**If you felt you needed support or help with parenting, there was something you were struggling with, or you didn't feel you were equipped, where or who would you go to?**

I would probably start with whomever else outside of the family I think would have been witness to or had some experience with the issue. So if it was an issue or something coming up with peers and in school I might reach out to teachers. If it was something that I thought was really only seen in the home environment, I would reach out to the family physician, more for benchmarking, here's what I am seeing, is this normal is this not normal do you see this kind of thing. And I think the only reason I would trust that choice is that it is the same doctor since oldest son was born, so it's a regular ongoing relationship he has seen our kids development from day one, and all the entire family, all of us, as a physician he has an understanding of what our family is. What is normal, what our dynamics are what's normal behavior what's not normal.

**So he understands your family dynamics? - yes**

**What features on a website, social media, or parent group would entice you to check it out if you were in need of support in your parenting?**

Um, I like just the very open ended, like um almost like the blog posts – here's what I am experiencing, a short description has anyone else had issues with this, kind of that headline

**More of a I'm dealing with this then like a community forum with people posting people posting different things.**

## Appendix E Cont.

Yep community forums, um and then I kind of look for, if responses to the forums are very different and all over the place that is when usually I check out. But when I start to see kind of common threads and common responses to the same issues I tend to give it a little bit more validity and take a second look at it and take that information and check out other web sources that talk about the same kinds of things.

**How do you learn about community events that support parents, like education, recreation, family centered activities in the community?**

Usually like google searches kinds of things, whatever it is I am looking for. Otherwise just word of mouth asking people, parents of friends of the kids, teachers.

**I understand the busy schedules that families have. In what ways do you want to engage with community resources?**

Usually only participate when I seek it out generally um I will say that when I see stuff, we get this local paper, new hope local paper Sun Post – I tend to pay more attention to things that are posted there, simply because I feel that is definitely something more local community focused, I am not interested in going to a Hennepin county event for example, cuz I just feel that audience is too big, too wide and isn't necessarily representative of the community in which I live, so I tend to pay more attention to really local postings, so if I were to seek something out those are the kind of places I would seek something out first.

**So you Would prefer to stay in a 5-10 mile radius of home.**

Yep, I don't like, even just driving like to Minneapolis or uptown, I just don't want to do that.

**That is all of my questions for today – do you have any further questions or comments?**

That's it? That went fast.

**Thank you for your time today.**

**Duration of interview 11:08**

## Appendix E Cont.

## Interview 2

1 child 15 years old

2 parent hh, self-employed, business owners

**Thank you for coming today. Before we get into my questions, do you have any comments or questions about the topic of mental health and youth?**

No I do not.

**As you may or may not know, parents are a prime audience for mental health providers to reach out to. Lifetime prevalence of mental illness is around 25% of the population at some point in their life will have diagnosable mental health symptoms. We also know that half of all cases of mental illness, symptoms onset before the age of 14.**

**As a graduate student in Strategic Communications, I am looking for information on how to help people better understand mental health, and treatment options so that families feel supported and comfortable in seeking help if they need it.**

**Let's start by talking about family – Tell me what you enjoy doing together?**

I think sports is a big thing. And I'd probably say movies, um getting together with other family members, uh long trips, getting in the car, going away for a while, or being at a resort together to kinda reconnect with each other and get away from the busyness of life.

**What values do you work to teach or demonstrate in your family?**

Oh boy, uh, I guess in a simple way of putting it, um try to treat everything as truth bring truth to the equation, discipline, being accountable for all types of actions. Um making sure that we learn from our mistakes, not resonate on them, um other family values, uh, building on certain basic other standards, say the 10 commandments, building on that to show. Your part in life to go out into the world and be able to function in it.

**As a parent, what are your strengths?**

Um discipline, probably say structure. Probably the emotional support of things. Bringing balance to the family.

**What do you mean by balance?**

When you have child and spouse at odds trying to bring another perspective into it, um if we go too far and we are doing too much of something maybe help pull back and bring it back into perspective. Balancing schedules, balancing work, balancing family time.

## Appendix E Cont.

**As a parent where do you struggle?**

I think Sometimes we um see what our kids have today that we didn't and we kinda say wow you get all this, I didn't have that when I was a kid, so you kind of get that jealousy inside of you of all the opportunities that are out there for them now, so you have to bring that into balance.

I think sometimes for me it's self-image, so I have to look at what your child might have that you don't and you have to try to turn it around you have to look at it in a different perspective. And I think the way I deal with those now, before I used to internalize um and keep more emotional, now I talk a Talk um out, bring um out which helps me balance the process of it. And hopefully you can hear me.

**I think this mic is pretty sensitive**

yeah that's true

**As a parent how do you cope when you see your children struggling – this could be when they are sick, injured, or frustrated?**

Um, coping with it would probably be more or less I have to really use my faith based values. I try not to run to uh let's say maybe a process like try to go and drink alcohol in place of dealing with the emotion, I try to deal with the emotion, getting away from it, stepping away from it, discuss it with spouse or a friend, maybe a friend who has had certain type of experience with that. I am one, I will go out and seek help., I learned early on that in order for you to cope you need to go to the village or the people who have those expertises and get some information from them, the world wide web

**Say more about the world wide web part**

The web can give you more information today than we have ever had before. It is knowledge based it can give you resources you never thought you could get information about before, so I never knew maybe for instance about a support group or remedy for that situation was available. And the web kind of gave you that information and resource. And then maybe asking a friend they maybe direct you to a website I think a lot of times people direct you to the internet and say go to this website or look for information on that website. Actually I was talking to a friend the other day and they said somebody told them to go to the PrairieCare website. Their doctor had told them to go to PrairieCare because of a behavioral concern they had.

## Appendix E Cont.

**If you felt you needed support or help with parenting where or who would you go to?**

I think I would start with my I would probably since I trusted my doctor so much I would start probably start to look there. If it's something I thought they could help with. I guess it would depend on the situation. Especially if it's mental health/physical health things like that I really think doctors hear, t maybe that's old school, but it's what you rely on, that's what I was taught, go to your doctor, rely on the doctor, especially now where doctors are seeing maybe the physical was lead because of the mental so...

**What features on a website, social media, or parent group would entice you to check it out if you were in need of support in your parenting?**

Probably ones that are not so froufrou you know where they are like wow we are going to solve all of your problems. Maybe it would be something saying are you trying to handle something. Maybe they are trying to see what they can do to help me, ask the questions we'll see what we can do if we can't find the answers or resources um maybe bring you to a different place that can, maybe something more resourceful, not just saying we can solve all your problems we have the best doctors. You know it's great but I don't think anyone can ever have the best doctors, but they can maybe have the resources to lead you to the best maybe then in their clinic they can bring you to the best doctors.

**So more of a venue for you to seek more information, this is my problem tell me how to go and where to go?**

Something that can open up the door for me and I can pick where I need to be or where I want, cuz I don't think one size fits all especially in mental health arena there are so many underlying situations.

**How do you learn about community events that support parents, like education, recreation, family centered activities?**

I think for parents it is schools. Something maybe In the school paper or flyer, school website, also community based um, maybe even, I think of like local things like web based products like the patch, things like that are very resourceful because they are based upon community and what's in those communities. Maybe not TV so much, I don't get a chance to watch a lot of TV.

**I understand the busy schedules that families have. In what ways do you want to engage with community resources?**

Um, I think instead of community resources I think more um use of community based centers like community centers. I think they have a lot I don't think the community uses them

## Appendix E Cont.

enough in some respects. they can be used to put on different events. I think of faith based locations as well, they actually are starting to embrace more of the mental health concerns so maybe I know there are fine line between state and religion but I do see where we base a lot of our thoughts and feelings upon the faith based community.

**When there are parenting events around mental health and things like that, when you don't have a concern would you still be willing to go, or does it have to be something that is relevant to you today?**

Uh. I think it has to be relevant. You only have so much time to do something. You have to find a relevance to it and what part will it play in your own family. Sometimes if the subject matter is very intriguing that we something going on with our kids today that affects them in a mental way like all the electronic use and accessibility to social media. Is it something that is going to play a mental factor in our kids, is it becoming an addictive, is it now the new form of alcoholism or drug addiction. So me as a parent I may have the need to sit in on that. Where might it help me. Like drug use, no my child doesn't use but I want to be aware of the signs and the symptoms, I want to make myself aware so I know what I can see in my child.

**General topics then about a mental disorder and what the signs are and how or when to step in would help parents.**

Yes, I think so, it would help me. I would like to be more proactive. There are parents that just won't have time for that, but maybe information could be sent out from that survey

**That is all of my questions for today – do you have any further questions or comments?**

**Thank you for your time.**

**Interview Duration – 15:15**

## Appendix E Cont.

## Interview #3

1 child                8 years old

2 parent hh, both parents work full time

**Thank you for coming today. Before we get into my questions, do you have any comments or questions about the topic of mental health and youth?**

**As you may or may not know, parents are a prime audience for mental health providers to reach out to. Lifetime prevalence of mental illness is around 25% of the population at some point in their life will have diagnosable mental health symptoms. We also know that half of all cases of mental illness, symptoms onset before the age of 14.**

**As a graduate student in Strategic Communications, I am looking for information on how to help people better understand mental health, and treatment options so that families feel supported and comfortable in seeking help if they need it.**

**Let's start by talking about family – Tell me what you enjoy doing together?**

Um I have a husband and an 8 year old son and for example this weekend last night we went to the school reading fair, and we generally because there is 3 of us we move together as a group. Today my husband and son are at a bookstore, and he just got a new origami yoda book and he is excited and they went to a show at Southdale about utility trucks or something like that. Tomorrow we are going to the Ordway to see bluman group, not sure how my son will react, he has some issues with sounds and stuff like that, but we'll see the tickets were free, so we thought we would give it a try. We generally hang out we ride our bikes, we do a lot of read, big readers in our family will all three sit down and read which is very nice, we cook, we have a dog and two cats we hang out with them, we go to movies. We like to go on vacations a couple times a year. My son is a good traveler. That is kind of our lives.

**What values do you work to teach or demonstrate in your family?**

Kindness, I think empathy is a big deal, we are very fortunate you know if our family we have resources so I like to try and do, try to express to my son that we have resources, not everyone can go to a bookstore on a Saturday and buy a book, so we appreciate and we donate books and he is good at that. We stress learning and are into learning in my family and how important it is and being a good person. We are not technically officially religious I wouldn't say. We go to church on holidays; I would say more of our teachings are more humanistic.

## Appendix E Cont.

**As a parent, what are your strengths?**

Um I think I'm social so I think I'm willing to do stuff with him and take him with us on a lot of things, I think I'm good at hanging out with him we rarely get a babysitter. I think I am fair, I don't have, I don't really have a temper. Um... strengths, I think I'm good at teaching him the values that I want him to have and demonstrating those, I'm really scheduled which is great when kids are young, some people would say too scheduled, but we are scheduled people and I think that's a good thing. We have a strict bedtime schedule, a strict homework schedule, and I think that is a good thing, so.

**As a parent where do you struggle?**

Um I think because I didn't have my child until I was almost 42 years old I treat him as a little adult or have adult expectations of him, I can get impatient when I'm busy, I am not super patient I've never been in any aspect of my life have I ever been patient but, I recognize that.

**As a parent how do you cope when you see your children struggling – this could be when they are sick, injured, or frustrated?**

Interesting question I tend to hover around him I just had an experience today where he wasn't figuring something out and I went to do it for him and he doesn't like that. He is very independent so I was actually reflecting on that today, I need to let him figure things out for himself, because he is an only child, or I think from being an only child, we were told when he was young like in pre-school when he was about 5 that he needs to do more stuff for himself that we do too much for him. That is just the way we are. Whereas if we had more children he would have to do more things for himself.

**If you felt you needed support or help with parenting where or who would you go to?**

If you would have talked to me three years ago I would have gone to a book. Um, I would probably say I am freer in talking about issues with other parents, especially with parents of other boys, I have a lot of friends who are parents of boys for some reason all of us struggle with a different issue with our children, so I would share it with other parents and see what their experience is.

**Would you prefer in person or social media to connect with other parents?**

That is a good question. For example I have a friend who is struggling with something, and I will msg some people or get information, but there are times when in person is more appropriate. I guess it depends on the situation – but if it is more personal or serious face to face, so we went out to lunch. We figured it was better to talk about it in person. When it is kind of a crisis in person is better.



## Appendix E Cont.

**What features on a website, social media, or parent group would entice you to check it out if you were in need of support in your parenting?**

On a website. Um probably a one on one initial chat with a some professional you know like if there was something on a website that said ask a question of somebody, you know we'll get back to you. it depends on the crisis level but I would say normally it is not a crisis for us. Just a ask the social worker then they said we will refer you to come in or whatever, then I would do that.

That's also helpful too when you have two parents and differing opinions about what to do. For example we used PrairieCare and we said we would adhere to what they tell us regardless of our personal feelings about what is happening.

**How do you learn about community events that support parents, like education, recreation, family centered activities?**

My schools newsletter is excellent at stuff like that they not only put in what is going on in the school but they put stuff in there that is going on in the community. The community center itself will puts on workshops with parenting experts and they'll promote that. And a lot of times they are free. For instance, Parenting in the digital age, talking to your child about sex I'm not there yet, maybe I should be um, you know that kind of stuff, so they'll put that in their district newsletter and will trickle down to the school newsletter. They're really good with that. And also to when we went to the first day of school, well that day or two before when you meet the teacher and stuff, Meet the teacher night, comm. Ed has a booth and will have the schedule for the year there. And I think that the parenting topics are relatively new, or they are adding more.

**I understand the busy schedules that families have. In what ways do you want to engage with community resources?**

I think the initial, my initial thing would be to go online google something figure out what's local, and if it is something for us. The time we went to PrairieCare it was awesome but it was extremely time consuming. So I think I would go online and look at other resources first and see where that takes me. And probably local, I would go local; I would probably look for an expert that's local. Maybe attached to an organization that I trust and has a reputation.

**That is all of my questions for today – do you have any further questions or comments?**

**Thank you for your time.**

**Interview duration – 13:51**

## Appendix E Cont.

## Interview #4

2 kids 9 and 11

2 parent hh both parents work full time

**Thank you for coming today. Before we get into my questions, do you have any comments or questions about the topic of mental health and youth?**

**As you may or may not know, parents are a prime audience for mental health providers to reach out to. Lifetime prevalence of mental illness is around 25% of the population at some point in their life will have diagnosable mental health symptoms. We also know that half of all cases of mental illness, symptoms onset before the age of 14.**

**As a graduate student in Strategic Communications, I am looking for information on how to help people better understand mental health, and treatment options so that families feel supported and comfortable in seeking help if they need it.**

**Let's start by talking about family – Tell me what you enjoy doing together?**

Oh my, well we enjoy going to the cabin, and well wow, really just spending time together, whether making dinner seems to be the time that I can really have their undivided attention, just hanging out doing things outside when we can.

**What values do you work to teach or demonstrate in your family?**

Um, I'm kind of doing my own self-evaluation right now aside from my family, trying to instill in my kids to be good citizens, good people, and thoughtful, helpful, um to really think about how situations make the other people feel before they take any type of drastic action, or make any major decisions. With my daughter it is becoming increasingly um, like we are talking about it a lot. Just about like values and morals and other people's opinions just because we are kind of in that emotional adolescent girl roller coaster with emotions and hormones at an all-time peak. Son has always been innately thoughtful, it's just kind of, it's interesting, he is just always thinking about other people.

**As a parent, what are your strengths?**

I think actually I had very good parents. They were very um, I guess I don't know the word, I don't know, they were just good role models, my dad was a funeral director so he was very compassionate so he was, that was always something he would talk about because it was his day to day work. Mom was more cynical so it was like this perfect yin and yang, so I can definitely see both sides to the story and it retrospect it was good, a good balance, and it has helped me kind of think about things.

## Appendix E Cont.

**As a parent where do you struggle?**

Spouse and I talked about this recently. We are push overs, totally. Somehow, we have yet too really gain that control kind of, on certain things like bedtimes and it's just like, yeah, we make too many deals. In the grand scheme of things they seem harmless at the time but they compound, so now are trying to regain our parental ground. Hoping we haven't completely lost it. Two can gain up on ya. It's hard, especially with as close as they are in age, with the younger it's so hard, he gets at me, if she can do it why can't I? It's that fine line of well she is two years older thank you, the perk of being the older one you get to do it first. Whatever it may be.

**As a parent how do you cope when you see your children struggling – this could be when they are sick, injured, or frustrated?**

Usually it is just um I kind of keep at it more so with daughter, she's very much an introvert so you really have to pull things out of her, it's kind of just being diligent, not bombarding her with questions but kind of approach it at different times and angles. When she is forthcoming it is great she can just spew information. With her you have to let it come at her own time, but keep on it. With son he is very literal guy, so with him it is sometimes a balance of, like I think the school does is the whole anti-bullying thing, but with him it is like someone could say something about his shirt and he would see it as bullying. He is very sensitive in that way. Really just trying to make sure the lines of communication are completely open at all times.

**If you felt you needed support or help with parenting where or who would you go to?**

Um I think I probably would start assuming if it was during the school year the teacher to get a little more if it's something in their life that maybe I just see on my own side as a parent and is maybe manifesting itself differently at the school, I would probably ask for their input at least. I would probably; my instinct would be to go to their pediatrician, if it was a bigger issue. Again like with my daughter we are getting to the hormonal thing. Like it is depression or is just a simple like hormone thing, is it normal. We are going through that cycle like how serious is it; I would go to the doctor for that.

**What features on a website, social media, or parent group would entice you to check it out if you were in need of support in your parenting?**

Um I mean, I think any type of just I mean it's anything that is very clear and concise. I use the web a lot to get information to ask a question I was on there (internet) asking a question for my own thing this morning. My hip hurts, so I am always going to like and just searching for clear concise – pinpointing symptoms. Or um, I'm just thinking I am having to design a website myself and all the visual clutter that comes with it, that anything that makes it easier to access the

## Appendix E Cont.

information. Frequently asked questions is probably where you know Or a place like web md where it takes you step by step, where it's like are these your symptoms or is this kind of like what you are feeling.

**How do you learn about community events that support parents, like education, recreation, family centered activities?**

Oftentimes I usually seek it out, the community website with all the paperwork we get from school I will sometimes do a little deeper dive into some of that stuff. Although I unfortunately don't think to look outside of my community. We live in a such unique spot between all the cities there are so many options, it can be overwhelming.

**I understand the busy schedules that families have. In what ways do you want to engage with community resources?**

Hmm... I mean I really feel like it is important for um my kids to be active I am less worried about myself and so I guess I am not necessarily... I want my kids to have find their niche... and I don't necessarily feel like it is always a family search so I guess, what was the question again,

**Repeat question – given busy schedules, in what ways do you want to engage with community resources?**

As much as I need to be. I find some things are worthwhile some are not, so I pick and choose, I am pretty selective that way. I don't build like an entire schedule around them let's say.

**That is all of my questions for today – do you have any further questions or comments?**

**Thank you for your time.**

**Interview duration – 14:31**

## Appendix E Cont.

## Interview #5 –

2 kids                      8 and 10

2 parent hh, dad works full time, mom part-time/stay at home

**Thank you for coming today. Before we get into my questions, do you have any comments or questions about the topic of mental health and youth?**

**As you may or may not know, parents are a prime audience for mental health providers to reach out to. Lifetime prevalence of mental illness is around 25% of the population at some point in their life will have diagnosable mental health symptoms. We also know that half of all cases of mental illness, symptoms onset before the age of 14.**

**As a graduate student in Strategic Communications, I am looking for information on how to help people better understand mental health, and treatment options so that families feel supported and comfortable in seeking help if they need it.**

**Let's start by talking about family – Tell me what you enjoy doing together?**

We enjoy traveling together; doing things outside together like sports we love playing board games and watching movies together. Is that enough?

**What values do you work to teach or demonstrate in your family?**

Um to be respectful to everyone, but especially the older population, I guess, to be truthful and honest. This is a tough question. To have good self-esteem, I guess and be willing to try, you might fail but if you are willing to try is always a good thing. We are really working hard on responsibility that is one we struggle with.

**As a parent, what are your strengths?**

Uh. I feel like we have very open and honest communication with our kids, and um I think just another strength is that with that communication they are able to come to us and ask us questions and they do.

**As a parent where do you struggle?**

Boundaries and follow through. **(tell me more about that)** Just setting limits as far as video games would be a prime example I need to be better about reigning those in a little more. Teaching them about, I am not good especially with the younger one to follow through when it comes to discipline or consequences kind of thing. Yeah. I think another place where we lack is teaching them the value of money, which we need to work on.

## Appendix E Cont.

**As a parent how do you cope when you see your children struggling – this could be when they are sick, injured, or frustrated?**

Well, it's difficult as a parent obviously when your children are disappointed, but it is also something we have to help them as a parent to deal with that by giving them the tools they need through you know. If I don't know it or don't understand I will look it up or will ask a peer or another parent. Um, but the biggest thing is going back to that open communication I really feel that we can talk about it. That's important that you verbalize things to them so they're able to verbalize things as an adult.

**If you felt you needed support or help with parenting where or who would you go to?**

I would go to do you want this in a ranking? (sure that would be fantastic) I was thinking about that after I did the survey. I would say that I would probably go to a peer first another parent or friend. I guess too it depends on what it is that I would be struggling with. Um, because we do have a therapist we have worked with in the past – I think that in this, again depending on what it is I think I would go back to the therapist for things before I would go to the pediatrician. After the therapist I would go to the pediatrician, but I have found that I don't necessarily always agree with the pediatrician for things. (tell me more about that) I feel like we have always gotten better advice from the therapist, because for one therapist has more time to get to know your child on a personal level, I feel like the pediatrician will direct you more towards a like medicine or something like that where that is not necessarily the best option. But again it depends on what it is. So. And I will say this and anybody would agree with me saying this... I am also over the top for getting help or advice. You know I am the first one to take my kid to the doctor for a runny nose. I am kind of on the opposite end of the spectrum.

**What features on a website, social media, or parent group would entice you to check it out if you were in need of support in your parenting?**

I think that it needs to have some kind of backing I guess. I put more, I would put more emphasis or seek information from a website provided by a therapist or pediatrician versus web md where there is an entity where you don't really know their background per se. um, As far as a parenting group anything that would have parents with similar aged kids or similar issues with their kids or with parenting, and kind of feel the same way about not like they were forced to be there but they are choosing to be there to become a better parent.

**How do you learn about community events that support parents, like education, recreation, family centered activities?**

Um, probably through school communications – primarily flyers that come home in weekly envelope. Yeah, not too much unless it is specifically happening at our school I would

## Appendix E Cont.

say is web-based. I would say flyers and posters in the school. Like your posters for OASIS, I see those.

**I understand the busy schedules that families have. In what ways do you want to engage with community resources?**

I think I am the extreme; I seek out that kind of stuff all over the place. I, Any kind of tools that I can get, I do I seek them out. I mean, and I guess I feel to that I do seek it out, but a lot of times I feel like it doesn't necessarily pertain to me.

**Where is it missing the mark?**

Maybe I just don't know where to look, or I haven't found anything, but Like some kind of a parenting series about how to parent kids who are gifted and talented, because sometimes it is challenging. So, or maybe someone or something that I don't know, like more of a behavioral thing, but not to an extreme.. Like my kids aren't bad or naughty, but I struggle with them sometimes, especially my younger one.

**So looking for more general parenting on consistency and follow through with all of the demands on parents today?**

Yeah, yeah, that exactly.

**That is all of my questions for today – do you have any further questions or comments?**

Thank you for your time.

**Interview Duration: 13:35**

## Amplifying the Voice of PrairieCare Mental Health Services

## Appendix F: Website Content Analysis Graph

Organization	# Clicks to Mission/Vision/Values	Contact info on first page, above the fold	Program eligibility easy to find - within 3 page clicks	Parent Friendly - jargon free	Staff Bios
<b>PrairieCare</b>	1	yes, 888 number prominent	no	no	yes, for psychiatry, psychologists, therapists
<b>Fairview/UMN Health</b>	no specific mvv for behavioral health care found, 3 clicks from umnHealth home page for Fairview main page	yes, for appointments	no	yes	yes, for psychiatry, psychologists, counseling - minimal narrative, bullet points about education
<b>Hazelden</b>	1	Yes - 800 number prominent	no	yes	Bios of leadership and MD's
<b>Emily Program</b>	1, stated as philosophy in drop down, not mission	yes, 888 number prominent	no	no	yes, most program staff, some links do not work
<b>Canvas Health</b>	2	Contact tab on home page- leads to page with all location phone numbers and crisis connection information	no	yes	Yes, psychiatry and therapy clinicians
<b>Headway Emotional Health</b>	1	home page, below the fold, or 3 clicks from home through contact us, then outpatient locations to get numbers to each site	"Who we serve tab leads to program descriptions broken down by age population served, no program specific eligibility	no	Under about us, right side bar has link to our team which leads to a page of other links to see bios by program/services where all staff from practitioners to MD's seem to have a profile.
<b>Nystrom and Associates</b>	mvv not on website	online scheduleing - request appointment at top. Our locations through menu tab lead to each sites phone numbers	thorough our services tab, who may benefit described, encouraged to contact intake coordinator	yes	All clinicians appear to be pictured and bio provided under our Providers tab



## Amplifying the Voice of PrairieCare Mental Health Services

## Appendix G: Social Media Content Analysis Graph

Organization	Facebook	LinkedIn	Twitter	Blog	Pinterest	You Tube
<b>PrairieCare</b>	329 likes	241 followers	64 followers, following 92, 117 tweets	Yes - integrated in website	no	38 subscribers, 9 videos
<b>Fairview/UMN Health</b>	Fairview Health Center 6393 likes, nearly daily posts, no mentions noted of mental health services, UMN Medical Center - 14,592 Likes, nearly daily posts no mentions of behavioral health, Amplatz Children's Hospital- 7043 likes, nearly daily posts no mentions of behavioral health	9230 followers, job recruitment, no mentions of mental health	2142 followers, 1059 following, 1122 tweets, Amplatz has 1764 followers	no	no	60 subscribers, 102 videos, 1 on Mental health topic - ADHD. Doc who is featured is a pediatrician - 5 views
<b>Hazelden</b>	9635 likes	4427 followers, active jobs recruiters page	9730 followers, 3160 following, 5123 tweets	yes, integrated into password protected social community	yes, 16 boards, 142 pins, 43 likes, 131 followers	957 subscribers, 175 videos
<b>Emily Program</b>	2411 likes, foundation page has 834 likes	894 followers, active jobs recruiters page	9730 followers, 3160 following, 5123 tweets	yes, integrated into foundation website and through a click on the main website	yes, 5 boards, 73 pins, 0 likes, 71 followers	22 subscribers, 3 videos, Foundation has 9 subscribers
<b>Canvas Health</b>	265 likes	59 followers, "about" information completed, no updates or job postings	19 followers, 71 following, 300 tweets	no	no	0 subscribers, 6 videos
<b>Headway Emotional Health</b>	238 likes	168 Followers, Shares program updates/events, e-newsletter, blog	no	yes, integrated into website - clinicians author blogs	no	no
<b>Nystrom and Associates</b>	3854 likes	802 followers, "about" information completed, 0 posts	75 followers, following 30, 598 tweet	no	no	no

